R E P O R T R E S U M E S

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CAPIC--FIRST YEAR REPORT, SEPTEMBER 1967.

BY- PASCH, DOROTHY F. AND OTHERS

TOLEDO PUBLIC SCHOOLS, OHIO

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A TITLE III PROJECT OF THE ELEMENTARY AND SECONDARY EDUCATION ACT OF 1965, THE CHILDREN'S ASSESSMENT-PLACEMENT-INSTRUCTION CENTER (CAPIC) STUDIES AND TREATS CHILDREN WHO MANIFEST LEARNING AND DEVELOPMENT PROBLEMS WITH NO RECOGNIZABLE CAUSES. THE REPORT, A LOG OF MAJOR ACTIVITIES CARRIED ON DURING THE PLANNING PERIOD, PRESENTS DEFINITIONS OF 24 TERMS, THE NEED FOR THE PROJECT, ITS ORGANIZATION AND OBJECTIVES, PUBLIC RESPONSE TO THE PROJECT, CHANGES IN GRANT PERIODS AND FUNDING, AND GROWTH PATTERNS. RELATED ACTIVITIES BY PROJECT STAFF ARE REVIEWED. FIVE APPENDIXES PROVIDE INITIAL SCREENING PROCEDURES FOR PRINCIPALS AND TEACHERS, AN INSERVICE WORKSHOP AGENDA AND ITS EVALUATION, A LIST OF THE TESTS USED BY PSYCHOLOGISTS, THE REPORT FORMS USED BY SOCIAL WORKERS, AND THE MEDICAL FORMS. TEN FIGURES PRESENT DATA AND REPRESENT PLANNED STRUCTURE AND GROWTH. (DF)

ED020606

CAPIC

First Year
Report
September, 1967

title 3 esea

● *toledo public schools* ● *manhattan and elm* ● *toledo, ohio 43608*

MEMO

Note the box on the page following the cover pages. It explains that the report extends beyond September, 1967.

The report is a log of the major activities carried on during the Planning Period of CAPIC. It was so written to show how preliminary planning ideas change as formal planning takes over. While the intent of the pre-planners remains approximately the same, new ideas for achieving the goals develop as time goes on.

It is hoped that this log will assist planners of new projects.

At first glance this may look like the first proposals, It is not.

Note:

1. Lettered pages

2. Page 16 is a revised chart.

3. Pages 22, 23 and 24 show the growth that was made beyond the original chart on page 19.

4. Pages 31 through 35 show the steps, as visualized at present, in dedelopment of the ultimate goal, the CENTER.

5. Page 30 shows the changes in the length of grant periods and funding. The original plan can be found on pages 27 through 29.

6. Pages 38 through 40 are the activities carried on from September, 1967, through January 31, 1968.

7. Pages 41 and 42 give a brief summary of the period ending, January 31, 1968.

8. Page 43 The Appendixes begin here. They include forms which have been developed and which will be tried to determine whether or not revisions can be made to improve them.

DF Pasch

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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CAPIC

First Year
Report
September, 1967

Project 66 - 2012: Children's Assessment — Placement — Instruction Center
Title III ESEA P.L. 89-10 Toledo Public Schools, Toledo, Ohio

Frank Dick, Superintendent Lee R. McMurrin, Assistant Superintendent
Dorothy F. Pasch, Director

This report was originally planned to cover the period through September, 1967, but due to planning period extensions, the report was up-dated to February 1, 1968, the approval date of the Operational Grant.

TOLEDO PUBLIC SCHOOLS
Manhattan Boulevard and Elm Street
Toledo, Ohio 43608

BOARD OF EDUCATION
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Frank Dick

ASSISTANT SUPERINTENDENT
Lee R. McMurrin

CAPIC PROJECT DIRECTOR
Dorothy F. Pasch

CAPIC is imaginative and exciting. The name for the program was created by using the initial letters of the Project Title, "Children's Assessment Placement Instruction Center." CAPIC recognizes the child as an individual with many facets to the problems encountered in learning and developing. It provides opportunities for studying them in a more comprehensive fashion than is usually encountered and it differentiates those children who are clearly mentally retarded and those who are clearly emotionally disturbed from children who may be low-achievers due to no presently recognizable causes.

Do their problems result from inadequate school programs, facilities, and/or biochemical, biogenetic or biononics? The aim of CAPIC is focused on finding some of the answers though the results be meager.

In so studying children the door will be opened to meaningful communication between education, psychology and medicine in the Toledo area. Through this interchange of knowledge it is hoped that at least some progress can be made toward solving or easing the problems these youngsters have and preventing them from leading lives of non-productivity and dependency.

The project CAPIC was developed primarily to help children, and through its activities reduce parental anxieties and assist them in understanding their children's existing conditions. Also in the formulation of the project, was the desire to interest teachers as well as young college students to enter such professions dealing with, or allied to, learning and developmental disorders thus creating a demand upon institutions of higher learning to provide opportunities of instruction and practice in these areas.

D.F. Pasch

Preface

CAPIC'S COMMITTEE ON PLANNING

MEMBERS

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Maude Shapiro, Board of Education
Edward Talty, Public Relations
Dorothy Van Ausdale, County Health Commissioner
Byron L. West, AIA
Sister Mary Louise, Ph.D.

In addition, CAPIC expresses gratitude to the many teachers, principals, supervisors and administrators of the public schools and to the many individuals in government at all levels.

Acknowledgments

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Definitions

DEFINITIONS OF TERMS

Alpha: a term which refers to the groups of younger children, in whom the major deterrent to academic success is limited to learning and developmental disorders.

Assessment: total study of developmental, psychological, educational, and medical factors relevant to child's educational progress.

Beta: a term which refers to groups of children of various ages who have been recommended by psychologists as showing the characteristics of children in whom major symptoms of learning disabilities have erupted into many complicating factors.

CAPIC; Children's Assessment, Placement, Instructional Center

The Center: the centrally located building in which assessment facilities, clinical teaching, opportunities for observation and demonstration teaching, parent education and counselling will be available under one roof. The Center will be primarily concerned with children showing any symptomatology of deviate behavior to such a degree that continued enrollment in a regular class or a special class is in jeopardy.

Clinical Teaching: teaching that is adapted to a particular child; a method of teaching which employs specific educational techniques and materials selected by the teacher within the framework of the child's total assessment, but functional, monitored and flexible enough to adjust to the changing learning pattern and overall development of the child.

Demonstration Teaching: clinical teaching which can be observed by any members of the assessment team, other professionals and by parents accompanied by a professional staff member.

Exceptional Children: those who deviate from the average physically, mentally, socially, and emotionally to such a degree that they need special attention.

Head Start: Federal program developed for pre-schoolers; part of national program of same name.

Implementation: translation of psychological and medical diagnoses and hypotheses into actual teaching techniques. This is the heart of therapeutic education.

Learning and developmental disorders: those which are indicated by inability to learn as most other children learn; children who evidence these disorders are functioning significantly below potential and need multidisciplinary help in overcoming this gap.

Lighted Schoolhouse Program: local program of utilizing school facilities beyond school hours by children and adults within school community, consisting of various programs of skills, arts, crafts, and recreation.

Management: total program decided upon for child, educational and medical, leading to optimum learning and developmental progress.

Methodology: that collection of teaching techniques and methods chosen for a particular child or group of children in order to accomplish certain goals.

Multi-disciplinary: composed of all facets which might be involved in total planning for the child - medicine, education, psychology, and/or community agencies.

Observation Rooms: part of but separated from the clinical teaching room by a one way mirror; a separate small room either beside or above the clinical teaching room and equipped with one way mirrors and sound.

Pilot unit: one of ten groups of children within CAPIC project being handled educationally for purposes of discovering optimum ways of working with children who have significant learning difficulties.

Prevention-remediation concepts: those devoted to long range goal of prevention and shorter range goals of remediation.

Restoration: reentrance of child into regular classroom following educational strengthening.

Satellite: a special class or therapy unit located in any regular elementary or secondary school building or special school such as the school for crippled children.

Special Class: a Satellite, caters to one particular special education area.

Student-in-training: student teacher, medical student, or student from another educational institution who will be observing and/or training within CAPIC.

Theoretical: that body of knowledge, especially as it concerns education, which would appear to be indicated from research and from logical, expert considerations available at the time.

Therapeutic intervention: withdrawal of child from classroom when learning is not taking place for purposes of educational diagnosis and treatment.

The Elementary and Secondary Education Act of 1965 represents the largest single commitment by the Federal government to strengthen and improve educational quality and opportunities in elementary and secondary schools across the Nation.

The first five titles of ESEA, which were signed into law on April 11 1965, are designed to meet special needs of educationally deprived children; to provide school library resources, textbooks, and other instructional materials for the use of children and teachers; to encourage innovative and exemplary educational practices through the support of supplementary centers and services; to extend educational research and development; and to strengthen State departments of education.

At the close of the first year of operation, these programs were expanded by the Elementary and Secondary Education Amendments of 1966, which also added a new financial assistance program to the Act. This program for the education of handicapped children, authorized by the new Title VI, is currently being initiated to help States initiate, expand, and improve their resources for educating the handicapped. Opportunities under Title VI will be described in a separate publication.

SUPPLEMENTARY EDUCATIONAL CENTERS AND SERVICES

Title III is designed to stimulate local school districts to seek creative solutions to their educational problems. It is intended both to support vitally needed supplementary services and to encourage innovative and exemplary applications of new educational knowledge. Grants are made directly to local educational agencies and may cover the full cost of approved projects. Projects may be developed which (1) invent a creative solution to a problem, (2) demonstrate an exemplary program which might be suitable for widespread use, or (3) adapt an exemplary program to local requirements and organize its incorporation into the educational program. For this reason, the Title III program is also known as PACE (Projects to Advance Creativity in Education). *

This is what CAPIC proposed to do.

* PROFILE OF ESEA, Government Pamphlet, 1967

The project CAPIC is the result of the sincere desires of Mr. Frank Dick, superintendent of the Toledo public schools and Mr. Lee R. McMurrin, assistant superintendent, to give the community and its children the best of educational opportunities. During the school year 1965-66, Miss Dorothy F. Pasch, then director of special education was assigned the responsibility of exploring ideas for turning these desires into reality. Through personal contacts and correspondence with leaders in the fields of education, psychology and medicine; through the examination of research as well as careful scrutiny of the programs and services presently being offered by the Toledo public schools, it was found that in spite of good educational programs and well prepared staff, the lag between potential and functional performance still existed and that emotional and behaviorial problems continued to appear particularly in the middle and upper grade levels. The children who suffered were those having difficulties not easily diagnosed.

In May of 1966, in the Toledo public schools, 546 or 11½% first graders were recorded as either failures or not progressing satisfactorily enough to move on to the second grade level. Why? Was it the fault of the child or the school program and/or type of instruction?

Using Kephart's estimates and based on local enrollments, between 732 and 976 kindergarten children may be experiencing some types of learning disorders, and between 22 and 29 may need therapeutic or clinical teaching in order to prevent them from becoming more complicated problems as they grow in chronological age. The other 710 to 947 may be in need of different instructional techniques and programing to succeed. Barsch's figures show even higher numbers. See Figure 1.

Figure 1.

Learning Disorders

(Estimates based on Kephart's and Barsch's Percentages) *

Grade Level Groups	Number of Pupils	Kephart's % 15% 20%	3% of 15%-20%	Barsch's % 30%	3%
Kdg.	4,883	732 - 976	22 - 29	1,465	44
1-6	40,424	6,063 - 8,084	182 - 242	12,127	364
Kdg. - 6	45,307	6,796 - 9,061	204 - 271	13,592	408

* Ashlock, Patrick, and Stephen, Alberta, Educational Therapy in the Elementary School, Charles Thomas, 1966.

These figures did not take into account those children who had been diagnosed as having recognizable physical handicaps.

While the Head Start Program, the Lighted School-House, the increase in preventive medical services are helping to ameliorate some of the problems, many children are still in need of additional assistance. Judging from the referrals made by teachers of children apparently suffering from emotional, behavioral and/or learning problems, and from the number of children not being able to keep pace in the regular schoolroom programs, there is no question that additions and changes in the educational pattern were indicated.

This situation posed two questions: (1) should not the focus be changed from "set" programs and techniques to the many facets of growing, developing and learning, and (2) should not the causative factors involved be determined before changes and improvements be made? The answers to both questions were positive.

Late in the spring of 1966, the proposal requesting assistance from the Federal Government under Public Law 89-10, Title III of the Elementary and Secondary Act, was written and submitted for federal and state approval. The proposal was for the planning of a Children's Assessment, Placement and Instruction Center, CAPIC. Approval was granted and planning officially began on October 1, 1966.

The Project CAPIC is a multi-disciplinary (educators, psychologists and physicians) approach to the study of children with learning and developmental disorders; beginning with pilot units and eventually developing a center for assessment and clinical teaching prior to placement.

The objectives of the project are grouped according to emphasis on general areas:

1. On children -- opening to them as many doors to educational opportunities as possible,

2. On students-in-training and members in the professions of education, psychology and medicine -- providing broader experiences and background for those who will be working with these children,

3. On parents and members of the community -- helping them accept and understand these children.

Some activities and procedures considered for the achievement of the above objectives are:

1. Reducing the lag between research and implementation.
   This can be done through continuous reading of current research in areas related to educational, psychological and medical approaches to learning and developmental disorders of children, and experimenting with the new knowledge and/or new adaptations of previously reported research.

2. Making examination and demonstration a natural part of the school system and broadening it to include the contributions of all related disciplines, pooling the theoretical knowledge and practical techniques in order to refine a methodology for effective teaching.
   This can be done in frequent group conferences of representatives of the various disciplines, each discussing the latest research in his particular field and how it relates to the others and continually studying the need for revamping examination procedures by experimenting freely with various assessment techniques and instruments for better identification and diagnosis. Opportunities for demonstration and observation will be developed.

3. Developing guide lines for long range planning of school programs, curricula, equipment and in-service training of school staff members.
   This can be done through careful recording of results achieved in various situations and follow-up of children having been in the project program, and sharing the results with and obtaining reactions from parents and the public.

Through experimentation with techniques, with various materials and programing, and depth study of children's patterns of learning, the CAPIC Project hopes to identify some of the causative factors. What is learned from this project may be reflected in the general educational curricula as well as in the curricula for the special educational classes. Even refinement in diagnosis and understanding of the hurdles these children must execute before some measure of success can be achieved may be a service CAPIC can render.

The by-product of the Council of Social Agencies' Technical Advisory Committee on Mental Health reinforced the conclusions of educators that greater effort should be made in the early identification of children's problems as well as early intervention for restoration to regular classroom work.

Innovative

The project is considered innovative to Toledo in that the Center will act as a barometer for the public schools in charting future courses and will provide an area of in-service training for professionals not now in existance in the community, thus up-grading and expanding the educational program for all the children.

New ideas and exemplary programs envisioned during the operational and continuation grant periods are: reducing the lag between research and implementation; making examination and demonstration a natural part of every school system and broaden it to include the contributions of all related disciplines, pooling the theoretical knowledge and practical techniques in order to refine a methodology for effective teaching; experimenting freely with various assessment techniques and instruments for better identification and diagnosis; developing better lines and introducing new methods of communicating with in-school staff as well as other professionals and with parents and the community; developing guide lines for long range planning of school programs, curricula, equipment and in-service training of school staff members.

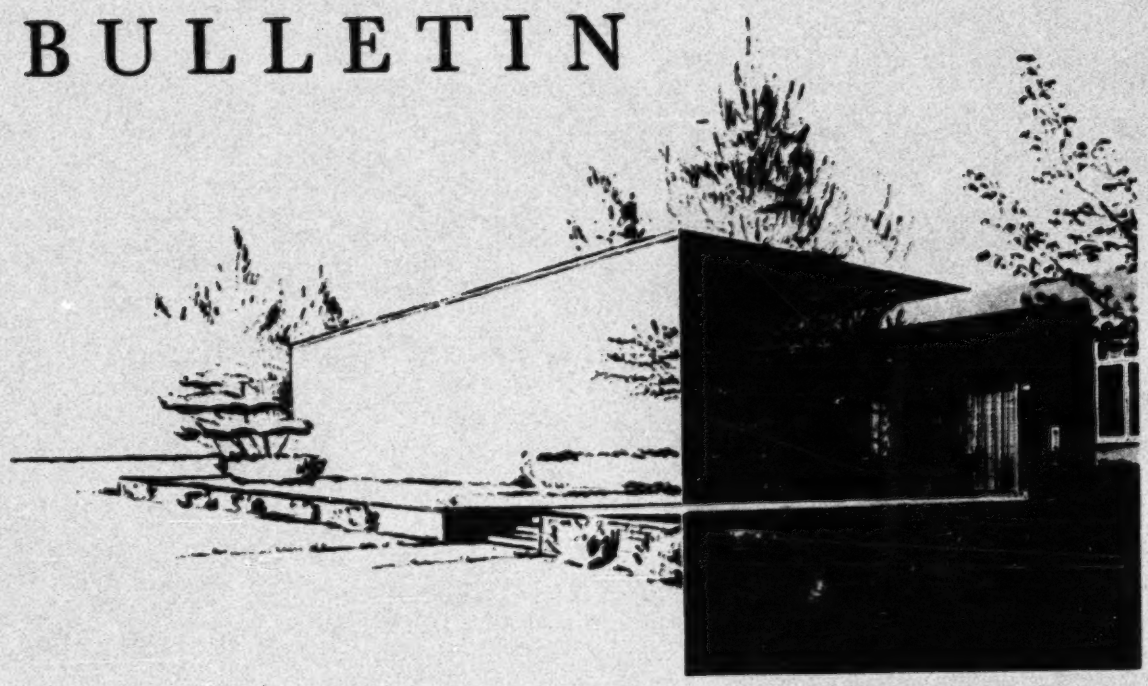
As time goes on and as more information and knowledge are assembled relative to what is needed in facilities, materials and equipment, a center could be established which would serve as the hub of the program. Such a center would offer clinical teaching, consultation services, therapy rooms, serve as a demonstration center for teachers in service, students about to enter the education and allied fields as well as medical and para medical students. In time, it can be a vital part in the community pattern of continuum services, contributing to the activities of other agencies and institutions as well as utilizing their services.

Public Reaction to the Project

The project was hailed by the community as one long needed for improvement of educational procedures and for helping children who have been too long in "no man's land", neither fitting into the regular classes nor into the already established special services classifications.

A few comments are included here attesting to the local support.

BULLETIN



THE ACADEMY
OF MEDICINE
OF TOLEDO AND
LUCAS COUNTY

VOLUME 53, No. 6

JUNE, 1967

Editorials

CAPIC

(Children's Assessment Placement Instruction Center, Toledo Public Schools)

All of us will agree that one of the greatest contributions we can make to our children is an investment in their education. While compulsory education has brought almost 100% of this nation's children to the schools, it has not provided the best education, nor indeed, educational equality for all. It is variously estimated that between 15 and 30% of all children entering school, either public or private, will fail somewhere along the line if the usual and ordinary methods of teaching are used. Some of these are eligible for the already-established special classes for the slow-learners, the neurologically-handicapped, the emotionally-disturbed, the partially-sighted or blind, the deaf or hard-of-hearing, and the crippled. Others appear to be normal healthy children, yet for some reason there is an educational lag which is very apparent. Educators throughout the country are seeking better ways of reaching these children, and returning them to the mainstream of education and society. Toledo is in the vanguard of communities searching for answers to these problems and the Toledo Board of Education has received a Planning Grant under the federal government title III, Elementary and Secondary Education Act, P.L. 89-10. Its purpose will be to provide facilities and personnel for educational and medical assessment of both public and private school exceptional children for the immediate purpose of determining appropriate placement, improved school instruction and/or ancillary services required for full learning development. In addition to the assessment facilities, plans are being made for clinical instruction and/or therapy, opportunities for observing the children and the various teaching techniques and materials used. From the information obtained, guidelines will be developed for long-range planning of school programs, curricula, equipment and for in-service training of staffs of the local schools, as well as for students from near-by universities and private colleges.

The approach to this problem should be a multi-disciplinary one including educators, psychologists and physicians. The Toledo Board of Education has requested the cooperation of Toledo physicians in providing this approach and has requested certain of our community physicians to serve on the Medical Advisory Board to the project.

The Council of our Academy of Medicine has approved this cooperative venture and it is hoped that the enthusiasm and professional skills of all interested Toledo physicians can be enlisted in this effort. This is an opportunity for cross-fertilization in the fields of education, psychology, and medicine, from which all involved, and especially our children are bound to benefit.

R.L.Z.

THE ACADEMY
OF MEDICINE
OF TOLEDO AND
LUCAS COUNTY

VOLUME 53, No. 6
JUNE, 1967

THE UNIVERSITY OF TOLEDO
TOLEDO, OHIO 43606 • AREA CODE 419 • 531-1451

COLLEGE OF EDUCATION
OFFICE OF THE DEAN

June 22, 1967

Miss Dorothy Pasch, Project Director
Title III
Toledo Board of Education
Manhattan Blvd. and Elm Street
Toledo, Ohio 43608

Dear Miss Pasch:

It is a pleasure for me and the organization I represent to support the CAPIC proposal which you are submitting under Title III of the Elementary and Secondary Education Act to the United States Office of Education. We are solidly behind your proposal for the reasons enumerated below.

The College of Education is presently expanding its program in special education and we see in CAPIC an obvious opportunity for a facility which will help us in the providing of realistic special education training to our students. We further think that the program will be of great help in our school psychology training program. CAPIC will provide an exposure to a variety of specialized problems in the field and would also give us an exposure to an interdisciplinary approach in the training of school psychologists. Finally, we see an excellent opportunity in CAPIC to open up meaningful dialogue between education, psychology, and medicine in the Toledo area. The opportunities before the College of Education and its training programs to relate to the activities of CAPIC are obviously numerous, and we would enthusiastically welcome the establishment of CAPIC in Toledo.

Finally, you are quite aware that Dr. Linn Zook, of our staff, and I have participated on the CAPIC advisory committee. Our participation has not been of a perfunctory or routine nature, for we are both most interested in seeing the project become a reality.

Sincerely yours,

George E. Dickson

George E. Dickson
Dean

BOWLING GREEN STATE UNIVERSITY
BOWLING GREEN, OHIO
43402

DEPARTMENT OF EDUCATION

June 22, 1967

Miss Dorothy F. Pasch, Director
Title III ESEA Project CAPIC
Administration Building
Manhattan Blvd. and Elm Street
Toledo, Ohio 43608

Dear Miss Pasch:

As Director Division of Special Education of Bowling Green State University, I am particularly pleased that such a project as CAPIC has been conceived and that I have had the opportunity to be a part of the Steering Committee in formulating the plans for its continuance.

I can see it as providing our students-in-training with broad experiences and background for working with the types of children found in almost every classroom. At the same time, our staff members will undoubtedly use this resource for enriching their teaching assignments.

We are looking forward to the time when CAPIC can be in full operation.

Sincerely,

Darrel G. Minifie

Darrel G. Minifie, Director
Division of Special Education
and Rehabilitation

DGM:mb

Mary Manse College
TOLEDO 10, OHIO

A College of the Liberal Arts devoted to community service in the light of Christian ideals

June 23, 1967

Miss Dorothy F. Pasch, Director
Title III ESEA Project CAPIC
Administration Building
Manhattan Blvd. and Elm Street
Toledo, Ohio 43608

Dear Miss Pasch:

Because of my interest in children with learning problems I am certainly interested in your Project CAPIC. I have enjoyed meeting with some of the subcommittee members and appreciated the notes taken of the out-of-town meetings by the CAPIC staff.

Here at Mary Manse College we were eager to add our contributions to this project and for this reason have put emphasis on learning disabilities in our summer workshop which many of your teachers attend.

Let us hope that by working together, we can make a little progress toward solving or easing some of the problems these youngsters have.

Sincerely,

Sister Mary Louise

Sister Mary Louise, Director Child Guidance Services and Reading Center

DIOCESE OF TOLEDO
SUPERINTENDENT OF CATHOLIC SCHOOLS
436 WEST DELAWARE AVENUE
TOLEDO, OHIO 43610

June 23, 1967

Miss Dorothy Pasch
Toledo Board of Education
Toledo, Ohio

Dear Miss Pasch:

The explanation of the plan to set up a federal program under Title III of the E.S.E.A. under the name of Children's Assessment-Placement-Instruction Center (Capic), seems to give promise of a service to the children of the Toledo Public and Private Schools which is very much needed. Assurance has been given by the Toledo Board of Education that the pupils of the Catholic Schools located in the Toledo School District will be provided access to the program on a basis proportioned to their representation in the total school population.

The leadership of the Toledo Board of Education, in cooperation with the Academy of Medicine of Toledo and Lucas County, and with the enthusiastic endorsement of area Psychological, Medical and Educational professions, gives assurance of a successful program.

I wish to offer the endorsement of the Superintendent of Catholic Schools of Toledo of this program, and I look forward to much needed service to pupils of the Toledo Catholic School system.

Sincerely yours,

N. M. Shumaker

Rt. Rev. N. M. Shumaker
Supt. of Catholic Schools

NMS:md

FLOURNOY and GIBBS, INC.

538 National Bank Building
Toledo, Ohio 43604

Telephone 248-6281
Area Code 419

June 23, 1967

EDWARD B. TALTY
Vice President

Miss Dorothy Pasch
CAPIC Project Director
Toledo Public Schools
Manhattan and Elm
Toledo, Ohio

Dear Miss Pasch:

I have reviewed the material provided in conjunction with your presentation re CAPIC with a great deal of interest, and I am of the opinion that this pilot study would be exceedingly worthwhile and that Toledo would be an excellent locale for it.

The educational process as it stands apparently is not adequate to motivate and develop the potential of a substantial number of children. Before we accept the idea that even a small percentage of our children must be doomed from birth to lives of non-productivity and dependency, I certainly believe the search for more knowledge and new techniques should be vigorously pursued. CAPIC seems, in my layman's view to provide a most promising avenue.

Toledo, as an industrial city encompassing in its school enrollment a broad spectrum of ethnic groups and varied economic and social backgrounds, seems to me to offer an ideal locale for this project.

I sincerely hope it will be carried forward and I will be happy to be of any help to you that I can.

Sincerely yours,

E B Talty

Edward B. Talty

EBT:cw

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ASSOCIATE:
VIRGINIA L. CRAMER

June 23, 1967

Miss Dorothy F. Pasch, Director
Title III ESEA Project CAPIC
Administration Building
Manhattan Blvd. and Elm Street
Toledo, Ohio 43608

Dear Dorothy:

I have been thinking quite a bit about CAPIC since I have had some time to muse while convalescing, and I feel moved to write to you.

At first when I was asked to serve on the Community Board, I was as interested about it as I would be about any project for children. However, the more I read about it and the more I learned of its aims and the community's needs, the more interested I became. Which incidentally is why I consented to serve as Secretary to your Community Board.

This project, I sincerely think is one of the most constructive projects I have ever heard about, and certainly from the compiled information, the need for it is indisputable.

The possibilities of taking exceptional children with exceptional needs and developing these youngsters to utalize their abilities to the fullest, thus making them full citizens able to contribute their full share to the community is a tremendous and exciting prospect. It is one that I am proud to be a small part of. I sincerely hope that this program not only will be continued, but will be expanded as time goes on.

Many facts of the CAPIC project impress me. For instances, it is a joint and co-ordinate effort of education, medicine, and lay citizens. Two, it is a project serving all children from all public and non-public schools; again a co-ordinate effort. These two points alone seem to me to make this project one of the most significant phases of Title III of ESEA--and perhaps the one with the greatest potential.

From all of this, I am sure that you understand that I am most happy to be serving on the Community Board.

Sincerely,

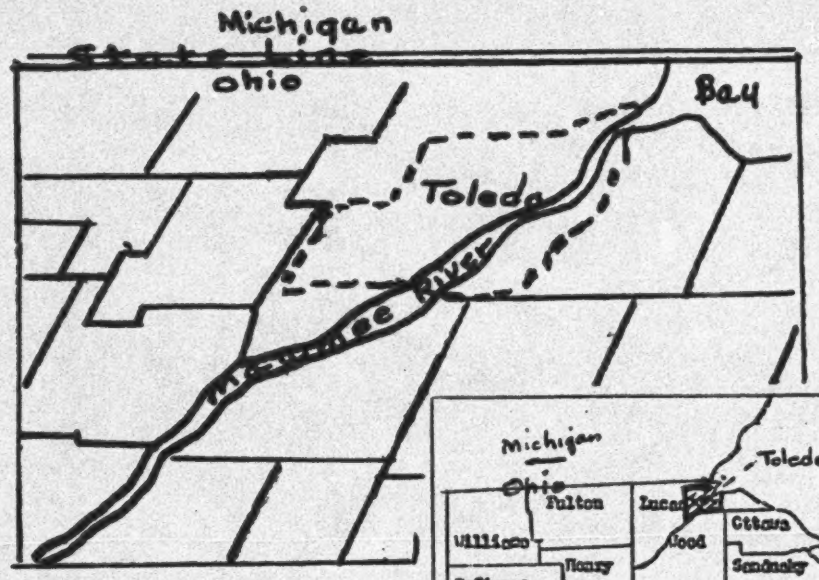
Mildred Binzer

MILDRED MEYERS BINZER

MMB:ljh

The Community

Toledo is a city in northwestern Ohio and the seat of Lucas County. It is indicated by the dotted line on the enlarged section of the Ohio map.



Children from public and parochial schools of this area will be considered for the CAPIC program.

Population:

Toledo-------393,700
Lucas County-494,900

Toledo industrial and agricultural trading area-------1,100,000

Ohio------10,691,488

Michigan
Ohio
Toledo
LAKE ERIE
Fulton
Lucas
Wood
Ottawa
Sandusky
Erie
Lorain
Cuyahoga
Lake
Ashtabula
Geauga
Trumbull
Portage
Mahoning
Stark
Columbiana
Carroll
Jefferson
Harrison
Belmont
Noble
Monroe
Washington
Morgan
Perry
Fairfield
Hocking
Athens
Meigs
Vinton
Jackson
Pike
Scioto
Lawrence
Gallia
Ohio
River
Highland
Clermont
Brown
Adams
Hamilton
Butler
Warren
Clinton
Ross
Pickaway
Fayette
Greene
Clark
Champaign
Miami
Darke
Shelby
Logan
Union
Delaware
Licking
Muskingum
Guernsey
Coshocton
Holmes
Wayne
Ashland
Richland
Crawford
Wyandot
Marion
Hardin
Allen
Van Wert
Paulding
Putnam
Henry
Defiance
Williams
Fulton
Lucas
Wood
Ottawa
Sandusky
Seneca
Huron
Erie
Lorain
Medina
Summit

Toledo is a major trading center for Northwestern Ohio and Southeastern Michigan. Sixty percent of the U.S. population is within 500 miles of the city. It is the fourth largest city in Ohio and thirty-ninth in the nation. It is the "Glass Capital of the World" and the home of the famous "jeep" vehicles. Other world-known Toledo products include automotive parts and accessories, die castings, metal stampings, chemicals, spray equipment and scales. In the past year, new industries or expansions in the city have involved over $170 million.

Toledo's nine railroads make it the nation's third largest rail hub. Its numerous oil refineries, combined, make Toledo the largest refining center between Chicago and the eastern seaboard.

With the opening of the St. Lawrence Seaway in 1959, Toledo became a port for ocean going vessels. In 1946 only one small ocean going vessel made Toledo a port of call. By 1965 the number of calls made by overseas vessels increased to 542. During the year of 1966, the number of calls dropped to 481 because the port had been enlarged to permit larger vessels, thus increasing the cargo tonnage due to the larger carrying capacity of the ships. During the navigation season a total of some 5000 vessels enter the harbor. The port, ninth largest in the United States, is the largest shipper of soft coal in the world, some 36 million tons a year.

The Toledo Zoo is among the top in the nation, as is the Toledo Museum of Art, well known for its paintings, sculpture, manuscripts, tapestries and glass collections. The museum is also noted for its art classes for both children and adults.

Public schools, hospitals, libraries and parks are the nation's finest and most modern. There are 121 public schools, 58 parochial schools, 8 private schools. Mary Manse College, a catholic institution, has an enrollment of 1,500. The State University of Toledo has an enrollment of 10,500. The new State Medical College of Toledo is in the planning and construction stages.

With these diversified industries and rapid growth, changes in the community's culture, interests and needs are taking place rapidly. The major ones being in the areas of education, health, welfare, recreation and communication. The Health Departments of the city and the county, the city recreation division, the schools and the Council of Social Agencies all indicated need for expansion of and improvement of existing services.

Figure 2 shows the continuum of services for a total community pattern, each service contributing and supplementing with very little overlapping.

CONTINUUM OF SERVICES

CAPIC and its Satellites will be a part of the total plan for improving all services to children and the community. The services will extend to all sections of the city which are within the boundaries of the Toledo school district. *The areas included in CAPIC are indicated by this type.*

Figure 2.

LIFE STAGES	NEEDS					RESEARCH
	Counselling	Social Development	Intellectual Development	Work	Recreation	
Perinatal	Health					Basic for Prevention
Infant	Health, Family	Home Training, Environmental Enrichment	Sensory Stimulation		Home Play Programs	Basic for Development
Pre-school Age	Health, Family, Child	Home Training, Environmental Enrichment	Nursery, Pre-school		Programs: Home, Playground	Basic for Development
School Age	*Health, Family, Child,* Vocational Counselling Avocational	*Personal Adjustment, Training, Environmental Enrichment*	Kindergarten, Regular Classes, Remedial Services, *Clinical Teaching, Satellite Centers,* Special Education Classes	Work Exploration, Work Experience, (Limited)	Programs: *Home, School, Public Playgrounds,* Youth Activities, Camping	*Basic Research, Applied Research*
Young Adult	Health, Family, Personal, Avocational, Academic, Vocational, Marriage	Personal Adjustment, Training, Environmental Enrichment	Evening Classes, Church and Agency Activities, Business and Technical Colleges, Colleges and Universities	Work Experience, Volunteer Work	Youth Activities, Social Groups Athletics	Basic and Applied
Adult	Health, Personal, Marriage, Vocational		Evening Classes, Cultural Activities	Employment	Agency, Church, Clubs, Athletics, Cultural Activities	Basic and Applied
Older Adult	Health, Financial, Legal			Sheltered Employment, Selective Assistance	Agency and Church Activities, Clubs	Basic and Applied

CAPIC

1966 - 1967

Description of the original proposal, planning activities and changes in the original plan.

Planning

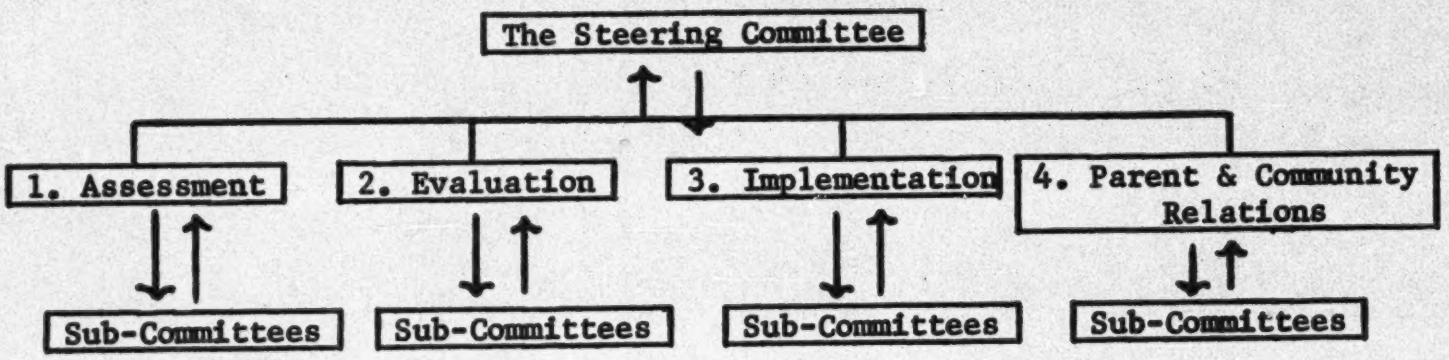
Planning

CAPIC was planned with the active participation of people directly concerned with the medical and educational functioning of children and with key representative members of the community and out-of-town consultants who are outstanding leaders in their particular fields. These people represent neurology, ophthalmology, orthopedics, otology, pediatrics and psychiatry in medicine; the assistant superintendent of schools, the project director who was formerly director of special education, the educational specialist, the project psychologist, elementary principals, director of the remedial reading clinic, chairman of the education and psychology department of a local parochial college, dean of the college of education of Toledo University, department head of the special education and rehabilitation department of Bowling Green State University, director of pupil personnel and special services, director of guidance and testing, director of elementary schools, elementary and special class teachers, supervisors of art and physical education and elementary education and supervisors of the special education areas now in existance. Representing the community are the commissioners of city health, county health and welfare departments, an assistant vice president of a trust company, an attorney, a realtor, two public relations representatives, an architect and a member of the Toledo Board of Education. Among the out-of-town consultants are persons representing public schools, college special education departments, state division of special education, a college of medicine director of pediatrics, a university psychological clinic director, a lecturer in special education and former head of a school of nursing. These professionals represent six different states. Broad geographical and varied professional coverage has been achieved.

The steps taken in planning were as follows: (1) discussion of the proposal with the out-of-town consultants; (2) appointment of the steering committee; (3) development of the organizational chart for project planning and selection of advisory boards covering medicine, education and the community, (Figures)

In December, 1966, the assistant superintendent of schools, the project director, the project's educational specialist, members of the medical advisory committee met in a two day session with the out-of-town consultants discussing the original proposal and obtained valuable suggestions for planning and implementation of the objectives of the proposal. One afternoon was devoted to an informal meeting with other school administrators, teachers and interested parties for the purpose of exchanging ideas and familiarizing each other with the program and noting the problems which might arise.

Original planning called for the following committees and the relationship of one to another was stated:



The Functions of the Committees were outlined as follows, but it was understood they might change as the project developed:

The Steering Committee:

1. Study the project outline
2. One member of this committee will be the chairman of one of the other four committees.
3. Assist and assign duties to the other four committees.
4. Arrange for consultant service if and when the need is indicated.
5. Correlate the activities of the other committees.
6. Prepare a final report of structure and operation which may include such items as:
   a. Identifying symptoms of particular disorders or handicaps.
   b. Criteria for assessment of same
   c. Techniques for management and teaching each
   d. Materials and equipment found to be readily adaptable to the teaching
   e. Organizational chart for the operation of pilot classes and for THE CENTER
   f. Worthwhile parent activities
   g. Worthwhile guidance activities

The Steering Committee will be composed of the chairmen of the four committees, Assessment, Evaluation, Implementation, Parent and Community Relations; a member of the elementary school and of the secondary school supervisory staffs; the assistant superintendent, and the director of the project.

The Assessment Committee:

1. Identify learning and behavior problems (symptomatology of)
2. Develop acceptable nomenclature to be used throughout the project
3. Selection and/or creation of instruments to be used in making assessments in developmental areas such as, sensory-motor development, perception, language, social development, etc.
4. Search for ways to improve selection and assessment of pupils
5. Develop some guide lines for the parents of these children

This committee will be composed of a chairman who will serve as a member of the Steering Committee; an educational specialist; a psychologist; a teacher of one or more of the Exceptional Children areas; one or two medical personnel.

The Evaluation Committee:

1. Develop criteria for measuring the success of the program
2. Seek ways for improving the selection, quality and usefulness of data concerning a child
3. Compile ideas for research projects
4. Suggest ways in which data for such ideas might be collected

This committee will be composed of a chairman who will serve as a member of the Steering Committee; a social worker; a nurse; a teacher; a psychologist; a member of the elementary school supervisory staff.

The Implementation Committee:

1. Translating the diagnoses and hypotheses into educational teaching techniques (clinical teaching or therapy)
2. Selection and/or creation of suitable materials and equipment
3. Structuring of the various area programs

This committee will be composed of a chairman who will serve as a member of the Steering Committee; two or three educational specialists; two or three special teachers; a psychologist; preferably school; a medical person or one from an allied field.

The Parent and Community Relations Committee:

1. Develop parent educational activities
2. Devise schedules and guidance programs for parents and other community groups
3. Develop informational material and other media for community consumption.
4. Develop general admission and assignment policies

This committee will be composed of a chairman who will serve as a member of the Steering Committee; a member of the Family Life program; a parent or two; an educator; one or two agency representatives.

The steering committee was the first to be appointed. The assistant superintendent and the director of the project met in the Academy of Medicine with physicians representing the various medical specialties. This group selected a chairman and co-chairman of their group, one of whom would be their representative on the steering committee. All expressed interest in the project and offered to act as a medical advisory team and secure the endorsement of the Toledo and Lucas County Academy of Medicine. This was readily obtained since all the physicians present were recognized as leaders in the profession, some having served as presidents of the Academy.

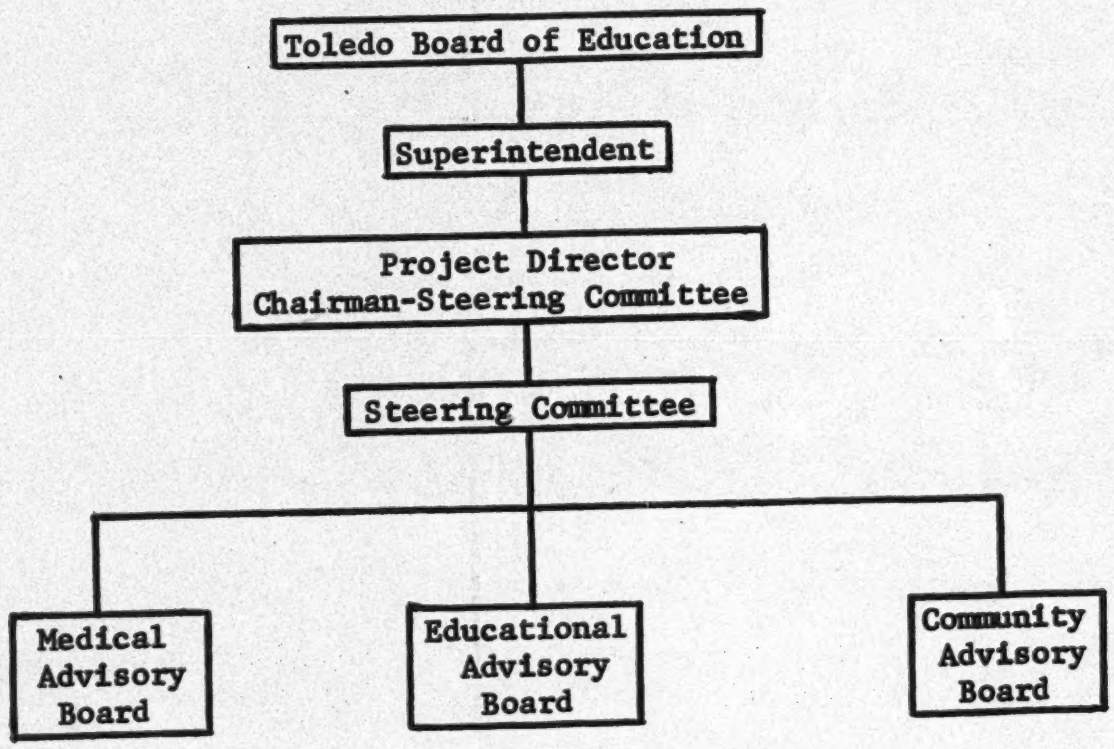
Local citizens were contacted and recommended one of their number, an officer of a local Trust Company, to serve on the steering committee.

At its first meeting, and as was expected the steering committee members spent much time in discussion of terminology. It was obvious that much misunderstanding among professionals as well as laymen, stems from lack of understanding. Each group had its own interpretation. It was evident that terminology acceptable to all would need to be developed.

During this meeting a new organizational chart, Figure , was conceived.

Figure 3.

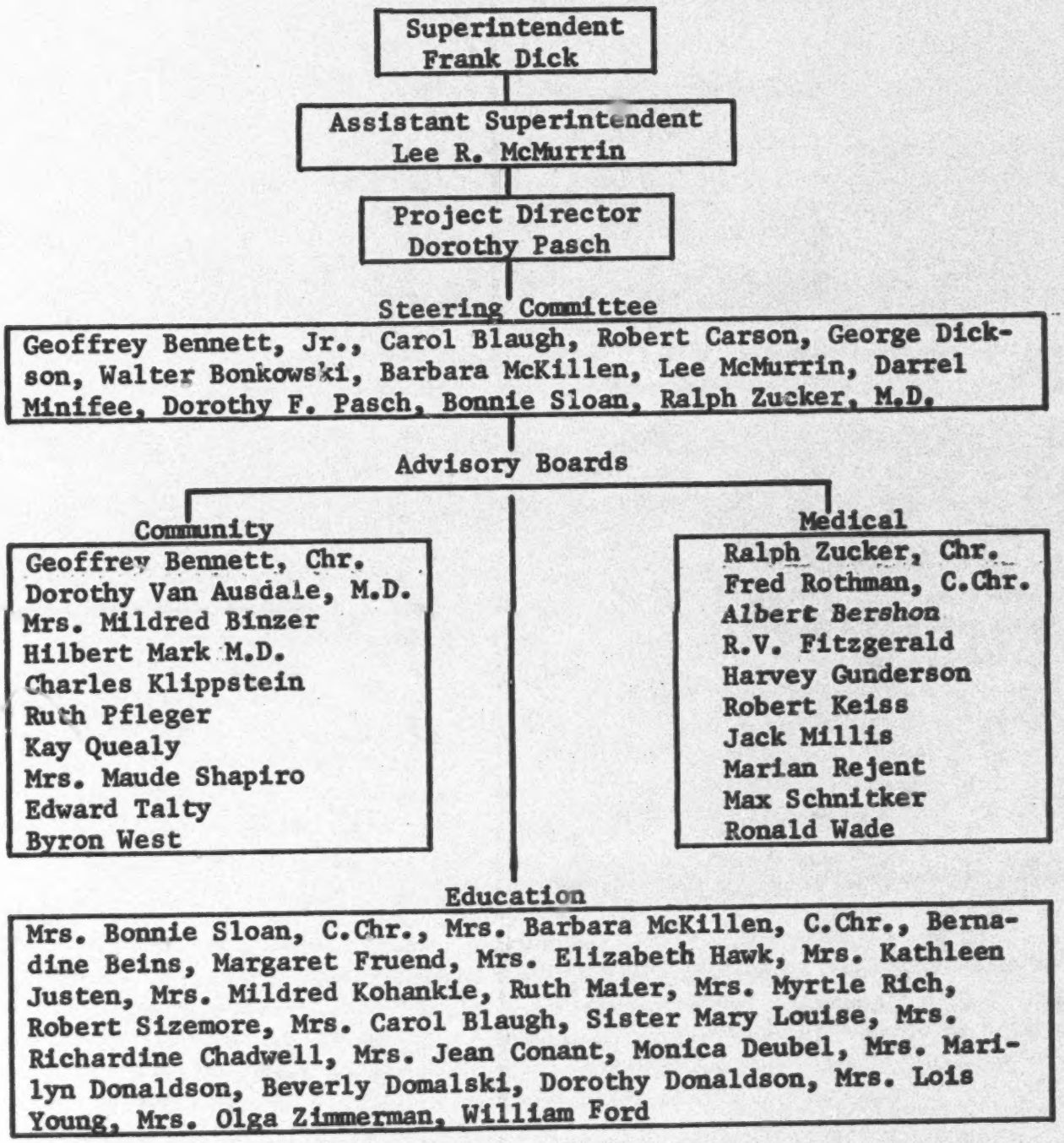
ORGANIZATIONAL CHART FOR PROJECT PLANNING
CAPIC



After this was accomplished, the members of the three advisory boards were selected and the membership on the steering committee was completed. See Figure

Figure 4.

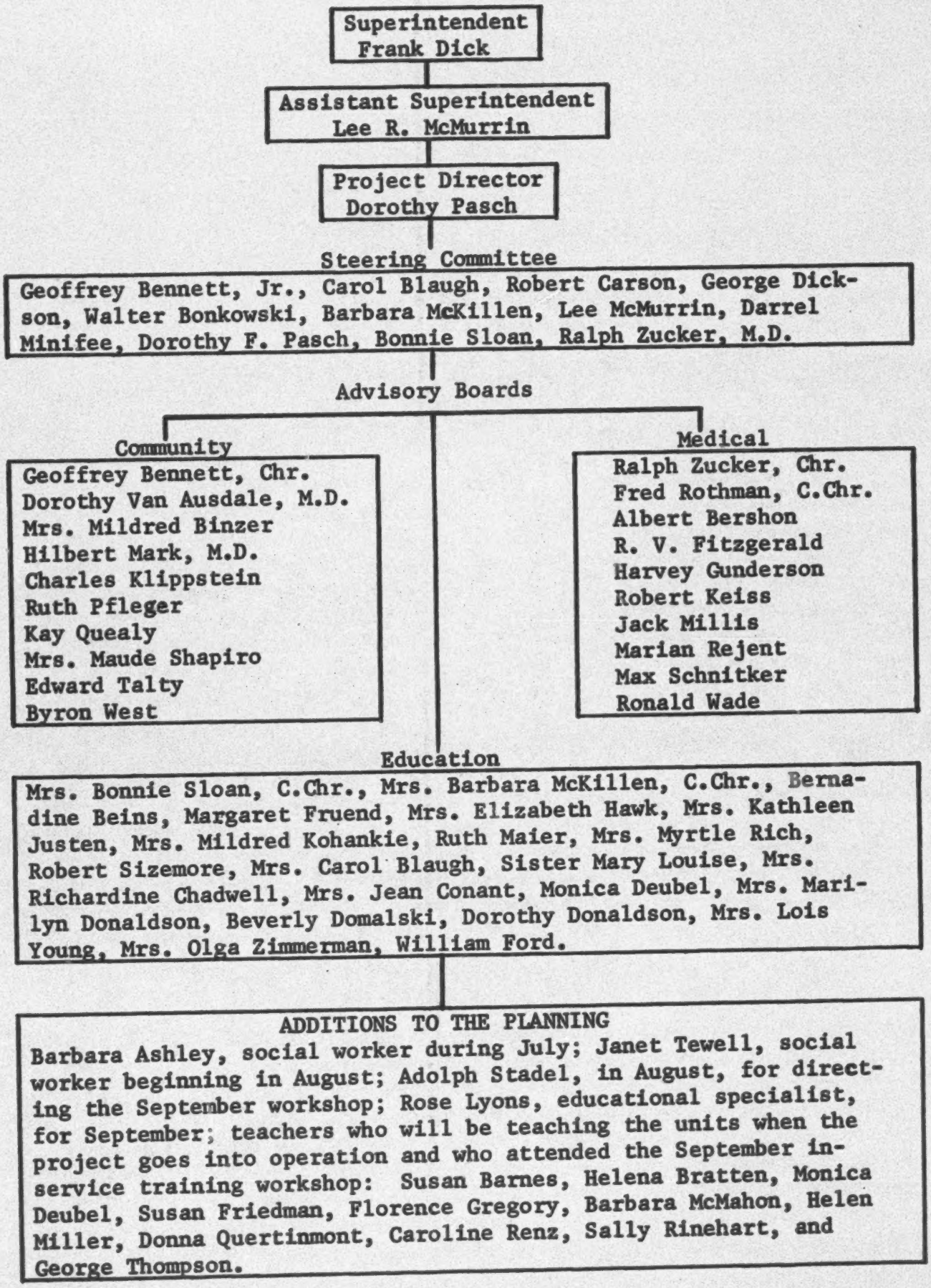
ORGANIZATIONAL PLAN


Superintendent
Frank Dick
Assistant Superintendent
Lee R. McMurrin
Project Director
Dorothy Pasch
Steering Committee
Geoffrey Bennett, Jr., Carol Blaugh, Robert Carson, George Dickson, Walter Bonkowski, Barbara McKillen, Lee McMurrin, Darrel Minifee, Dorothy F. Pasch, Bonnie Sloan, Ralph Zucker, M.D.
Advisory Boards
Community
Geoffrey Bennett, Chr.
Dorothy Van Ausdale, M.D.
Mrs. Mildred Binzer
Hilbert Mark M.D.
Charles Klippstein
Ruth Pfleger
Kay Quealy
Mrs. Maude Shapiro
Edward Talty
Byron West
Medical
Ralph Zucker, Chr.
Fred Rothman, C.Chr.
Albert Bershon
R.V. Fitzgerald
Harvey Gunderson
Robert Keiss
Jack Millis
Marian Rejent
Max Schnitker
Ronald Wade
Education
Mrs. Bonnie Sloan, C.Chr., Mrs. Barbara McKillen, C.Chr., Bernadine Beins, Margaret Fruend, Mrs. Elizabeth Hawk, Mrs. Kathleen Justen, Mrs. Mildred Kohankie, Ruth Maier, Mrs. Myrtle Rich, Robert Sizemore, Mrs. Carol Blaugh, Sister Mary Louise, Mrs. Richardine Chadwell, Mrs. Jean Conant, Monica Deubel, Mrs. Marilyn Donaldson, Beverly Domalski, Dorothy Donaldson, Mrs. Lois Young, Mrs. Olga Zimmerman, William Ford

Later when the in-service workshop for teachers who would teach in the program when it became operational, the names of those participating in the workshop were added. Figure .

Figure 5.

ORGANIZATIONAL PLAN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ADDITIONS TO THE PLANNING
Barbara Ashley, social worker during July; Janet Tewell, social worker beginning in August; Adolph Stadel, in August, for directing the September workshop; Rose Lyons, educational specialist, for September; teachers who will be teaching the units when the project goes into operation and who attended the September in-service training workshop: Susan Barnes, Helena Bratten, Monica Deubel, Susan Friedman, Florence Gregory, Barbara McMahon, Helen Miller, Donna Quertinmont, Caroline Renz, Sally Rinehart, and George Thompson.

The advisory boards met frequently and the steering committee met monthly. In the light of what they were learning from reading and visits, the objectives were reviewed and refined.

The objectives as seen by planners were:

1. To develop improved methods of identifying children with learning and developmental disorders.

2. To select the best diagnostic procedures and tools for diagnosing the educational, psychological, and medical needs of children showing evidence of learning and developmental disorders.

3. To determine the similarities and differences between children with learning and developmental disorders and other exceptional children.

4. To establish the need for any differences in teaching methods, materials and services between those children who were not given assistance before the major symptoms of learning disability had mushroomed causing many complicating factors and those young children in whom the deterrent to learning is still limited to learning and developmental disorders.

5. To select and/or develop techniques for exchange of information on these children between the medical and educational professions.

6. To expand the utilization by the schools of community, educational, cultural and medical agencies.

7. To keep abreast of the latest research, current practices and trends in the field and related fields of all exceptional children including those who show only indications of learning and developmental disorders.

8. To attempt to implement those practices and trends when feasible and applicable.

9. To experiment with new or new adaptations of old equipment and facilities.

10. To develop improved methods of disseminating information regarding the children to the total school staff, the parents and community agencies.

All the objectives listed will, if achieved either in whole or part, benefit the children who are our main concern.

1. In university classes and among teachers in training, a common fault is particularly noticeable; that is, phrases and terms are tossed about without true comprehension of their meaning, thus causing a break down in communication.

By attempting to develop improved methods of identifying children with learning and developmental disorders, it is hoped that an agreement on terminology can be obtained and that such terminology be kept as simple as possible in order to: (1) be understandable to the less erudite person, (2) be less time consuming than measures used by specialists.

Teachers and principals would benefit from the achievement of this objective because they are the ones upon whom the responsibility for initial referrals are made. They must have simple (in time and administration) ways of generally identifying these pupils.

2. The second objective concerns the specialists: psychologists, educators and physicians. Not only is there a need for selecting and/or developing diagnostic procedures and tools for diagnosing the educational, psychological and medical needs of children, but also there is a need for realistic and meaningful reporting of the findings to enable educators to plan adequate implementation.

3. Objective number three was included in order to assist the general school staff in making referrals and in helping the CAPIC Staff know what additional or different kinds of help they can give.

4. Objective number four hopes to establish whether or not differences in instructional methods and materials in teaching the Alpha and Beta groups is required; whether to begin with emphasis on the problem identified as the major one is sufficient, or whether both the above are necessary.

5. Objective number five is closely associated with number two. After information has been obtained by the various professions and staff members, ways and means for a two or more directional exchange of it is the aim of this objective.

6. As time goes on, what community, educational, cultural and medical agencies will best serve the needs of the project children will be determined.

7. Objective seven will be never ending and may even require, in time, a staff member to carry on this work plus disseminating the information through in-service, staffing or other media. Material under the cover of "research" is flooding the country. The good from the bad must be separated to determine what innovations should or should not be implemented.

8. Objective seven ties in with objective number five and visa versa. Number eight, too, is a continuous process.

9. Number nine is similar to eight except that the emphasis is on equipment and facilities.

10. Many ideas are already being considered for achieving this objective. There, too, achievement is never terminal if growth is present. In-service training prior to the opening of the classes is planned year round meetings and seminars will be held. Attendance of staff members at conferences, membership and participation in community affairs, organizations and clubs are all part of the plan. These activities take care of formal and informal dissemination of information.

Funding (original plan)

Originally the funding was divided into these four stages:

First Stage: 1966-67 Planning Grant for Educational Specifications

This will involve identification, assessment, placement and educational programing for the various disciplines.

Second Stage: 1967-68 Operational Grant for Pilot Classes Including Planning Grant for Construction

These pilot classes would be for clinical teaching. Before entering into a large scale clinical teaching program with attendant demonstration and observation units, sound educational planning indicates that a second year might well be devoted to utilization of the results of the first year's planning and building as time progresses so as to move well prepared into the next phase.

Third Stage: 1968-69 Building Grant

Development of Building plans to house the Children's Assessment, Placement and Instructional Center (CAPIC) based on the knowledge gained during the first year of planning and the second year of practicum. Types and amount of equipment will need to be determined. Placement of equipment will need to be decided as will the size and shape of the rooms. Preliminary drawings and possibilities for funding will need to be considered.

Fourth Stage: 1969-70 Operational Grant

Begin operating the Center in the new quarters in as complete a manner as money and available personnel will permit.

On the advice of the Washington Program Management Chief of the Innovative Centers Branch, architectural, appraisors and realtors fees were deleted. This necessitated revising the activities to be carried on in the four funding stages.

Revised Stages for Funding:

Stage One: 1966-67 The Planning Grant Stage
During this period activities are being focused on the development of guidelines for pupil assessment; selection and/or creation of techniques to be used with the various learning and developmental problems as well as means of improving the quality of the existing special classes which will be called Satellites; development of program evaluation procedures; development of parent education programs; in-service training programs for educators; defining adequate physical facilities necessary for such anticipated instruction. Because of the magnitude of the assignment, only some of the above named areas and parts of others will be accomplished this year and will need to be continued into the following years. Good planning never is terminal.

Stage Two: 1967-68 The Pilot and Operational Stage
Ten pilot classes are anticipated during this year. Pupils in five of these units will be of primary age and who for some reason are not able to maintain the pace of the regular class and who do not appear to be eligible for the satellite classes. They will be children who usually appear to be normal healthy youngsters, but who cannot learn. They will be the ones who have learning and development disorders which are difficult to diagnose. The complexity of their problems is so great that continued study and experimentation will need to be continued over a year or two.

Clinical teaching will be done, using the techniques and some of the materials evaluated during Stage One and those which may be discovered during this Stage Two.

Parent education will be carried on during this period only so far as physical facilities and qualified staff will permit.

As the year progresses, the type of classrooms, equipment and other facilities best suited to clinical and team teaching will constantly be noted. It is hoped enough flexibility can be maintained to permit continual experimentation to be of value as a guide for construction planning.

In the other five classes there will be children of various ages showing characteristics of children in whom the developmental disorders and major learning disabilities have erupted into many complicating factors.

These will be studied and watched in much the same way as the children mentioned in the first five units only emphasis will be placed on the particular type of disabilities which can be more easily diagnosed than in the first groups. These will be diagnosed more completely should such diagnosis be indicated. Ways and means for improving the quality of the instruction and placement grouping will be noted.

Stage Three: 1968-69 Continuation Grant

During this stage much of the same type of activities will be carried on as were in the previous year. Changes made should result from what will have been learned to date and from new research which may have been developed.

Stage Four: 1969-70 Continuation Grant and Construction Planning

In this stage the type of activities carried in Stages Two and Three will be continued, only during this stage planning for construction of a Center and the site of such a Center will be considered early in the year in order to have plans formulated for building, and, if possible construction started and the community and local board of education ready to take on the responsibility without Federal Funds. It is anticipated that by September, 1970, this may be possible through local and state funding of the educational programs and contractural services needed.

Support from Federal sources is needed.

The school district is a growing one with student enrollment increasing much more rapidly than tax evaluation, and it is, therefore necessary to expend most local and state funds to maintain present programs at the educational level required. Of the General Fund 86% is being spent on salaries. The necessary funds for planning of programs which would further augment the local programs are not available in spite of the fact that the 3.6 mill operating levy was passed in May, 1966 to maintain the program.

Property is assessed at 40% of its market or true value. In 1967, the Toledo total tax rate was 37.70 mills which the schools received 26.50 mills. At the present time Toledo is in the process of urban renewal. Until construction in mid-town is completed the revenue from taxes will be low.

The 1966-67 budget figure was $68,066.00. The amount requested for 1967-68 was $269,263.00.

Eventually it is hoped that the program will be operated with state and local funds.

CHANGES Resulting from Negotiations with Federal Authorities:

ACTIVITY	COVERING PERIOD FROM	TO	FUNDS REQUESTED	FUNDS APPROVED	DATE APPROVED
Planning Grant 5/24/66	For 11 months 8/1/66	6/30/67	$118,290	Federal office requested construction plans be deleted	
Deletion made 6/25/66	For 10 months 9/1/66	6/30/67	$ 68,066	Approvals delayed	
Grant Period changed	For 9 months 10/1/66	6/30/67		$68,066	10/1/66
Extension 1.	For 10 months 10/1/66	7/31/67		No change	2/13/67
Extension 2.	For 12 months 10/1/66	9/30/67		No change	6/2/67
Extension 3.	For 13 months 10/1/66	10/31/67		No change	9/29/67
Extension 4. For salaries only	For 15 months 10/1/66	12/31/68	$27,562	$27,562*	12/18/67

Total amount of Grant $95,628.

* Not yet received

Submitted Operational Grant Request 6/28/67	For 12 months 10/1/67 - 9/30/68	$269,263	Approved, but amount had to re-negotiated
Re-negotiated 11/16/67	12/1/67 - 11/30/68		Reason: Medical fees too high
Resubmitted 12/1/67		$260,175	
Grant Period Changed	For 12 months 2/1/68 - 1/31/69	$260,175	2/1/68

Anticipated funds pending success of program:

2/1/69 - 1/31/70	$275,000
2/1/70 - 1/31/71	$302,500

Figure 6.

CAPIC

1966 - 1967

The original plans called for a Center such as above. As planning progressed, it was decided that pilot units should come first. See next page.

Figure 7.

CAPIC

1967 - 1968
From September through January

The Center was not deleted from the overall plans, but the approved extensions permitted continued planning, experimentation with techniques and materials and in-service training of personnel through the cluster groups indicated below.

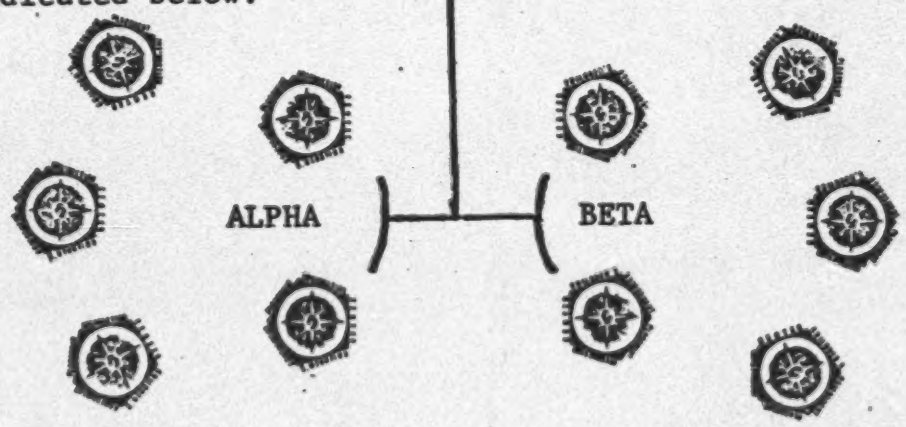
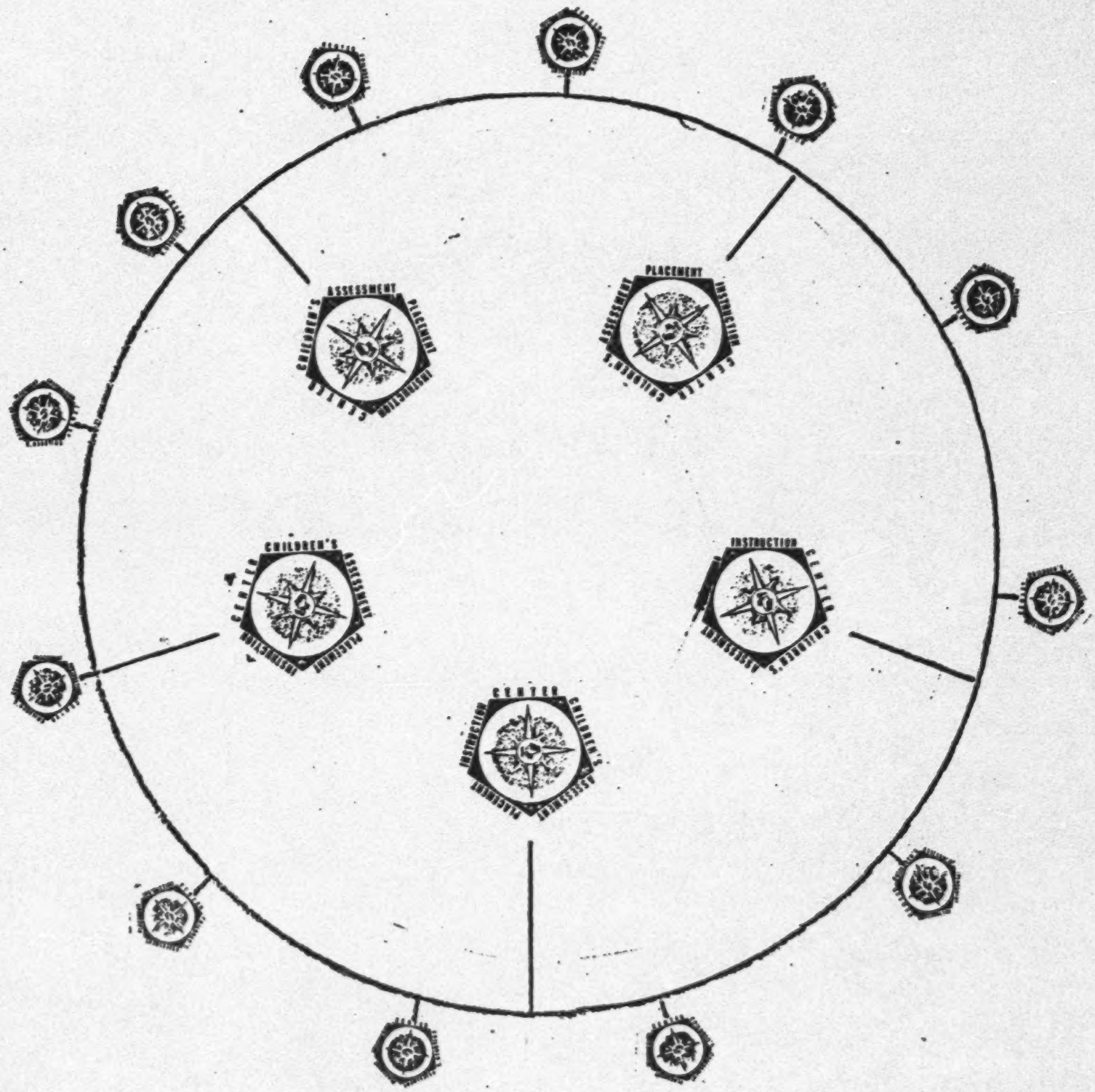
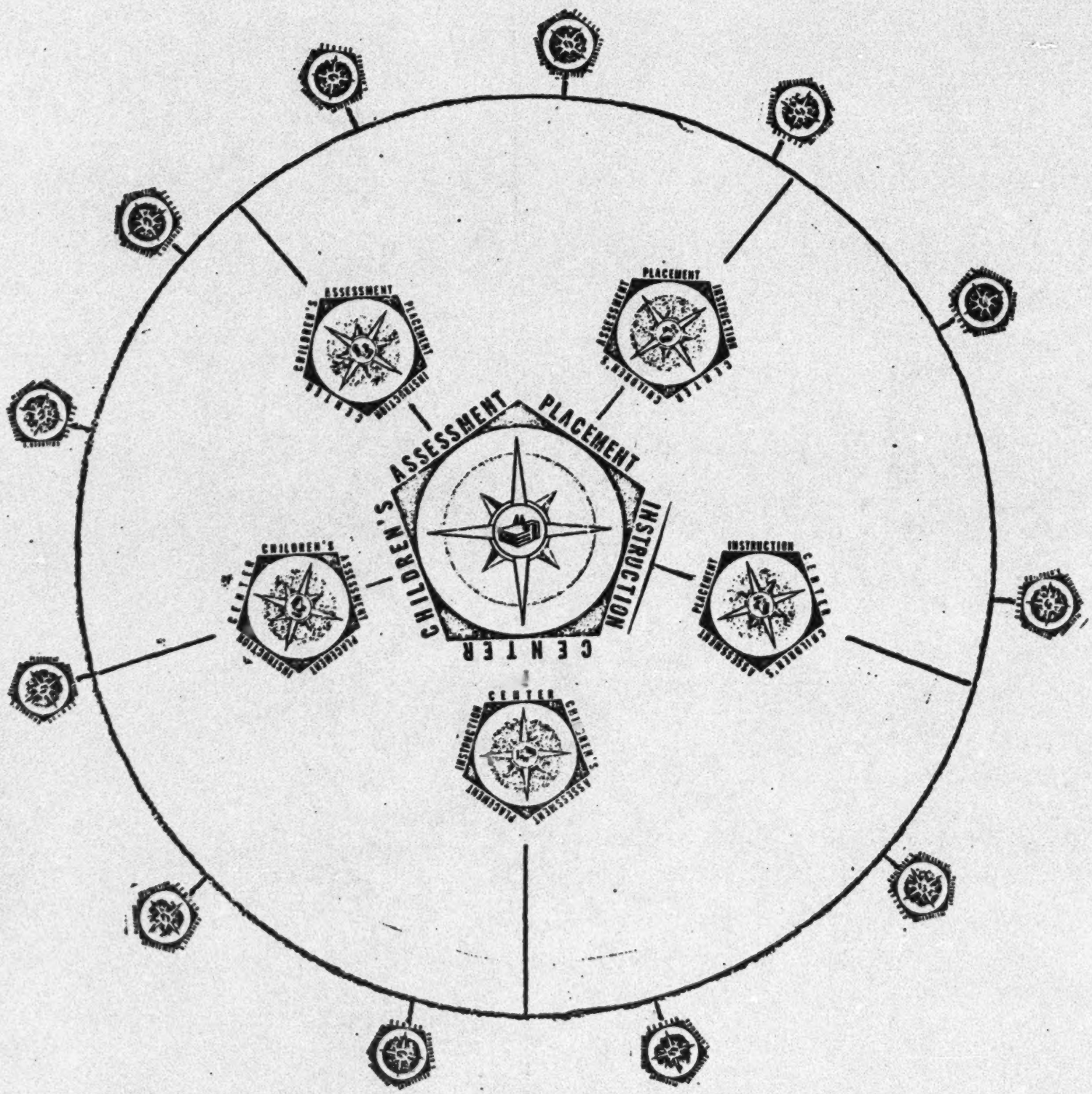


Figure 8.



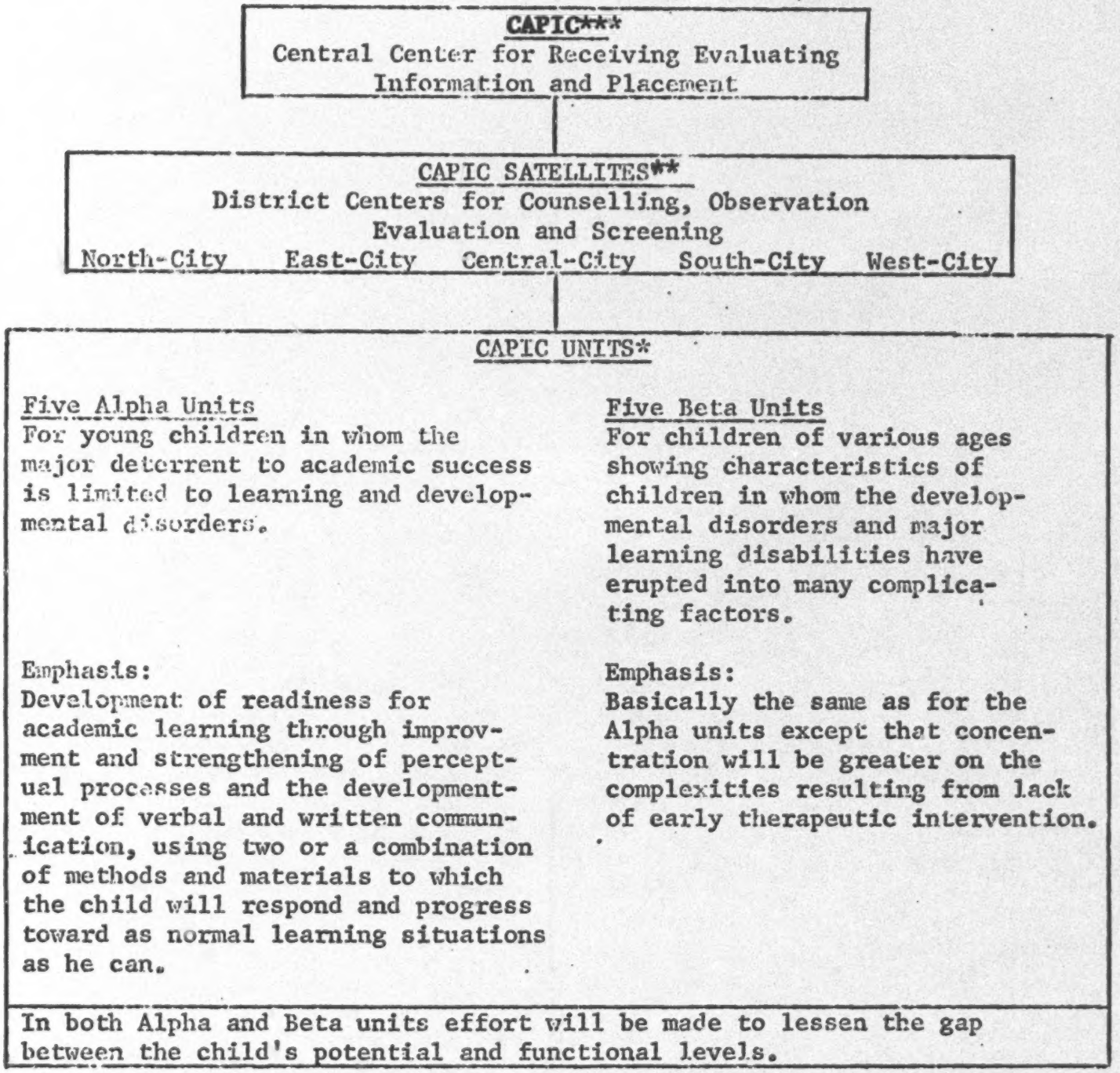
The next step anticipated would follow the above pattern, which would include regional centers with their own satellites.

Figure 9.



The Center, the regional centers and the satellites will complete the plans as now envisioned.

Figure 10.


CAPIC***
Central Center for Receiving Evaluating Information and Placement
CAPIC SATELLITES**
District Centers for Counselling, Observation Evaluation and Screening
North-City
East-City
Central-City
South-City
West-City
CAPIC UNITS*
Five Alpha Units
For young children in whom the major deterrent to academic success is limited to learning and developmental disorders.
Emphasis:
Development of readiness for academic learning through improvment and strengthening of perceptual processes and the developmentment of verbal and written communication, using two or a combination of methods and materials to which the child will respond and progress toward as normal learning situations as he can.
Five Beta Units
For children of various ages showing characteristics of children in whom the developmental disorders and major learning disabilities have erupted into many complicating factors.
Emphasis:
Basically the same as for the Alpha units except that concentration will be greater on the complexities resulting from lack of early therapeutic intervention.
In both Alpha and Beta units effort will be made to lessen the gap between the child's potential and functional levels.

* Will be in operation during the year 1965
** Will be developed next.
*** Will follow, thus completing the overall plan during the next two or three years.

In October, 1966, the project director Dorothy F. Pasch, presented the CAPIC to a representative group of the Academy of Medicine. The assistant superintendent, Mr. Lee R. McMurrin and the educational specialist, Mrs. Bonnie Sloan participated.

Later in the month, the project director introduced CAPIC to the Executive Committee of the Toledo Society for Crippled Children at a luncheon in the Commodore Perry Hotel.

During the month, Miss Pasch, Mrs. Sloan, Miss Ruth Maier and Dr. Robert Sizemore attended the State Federation of the Council for Exceptional Children in Akron, Ohio to hear Dr. Marianne Frostig discuss her program. Some committee members, Mrs. McKillen and Mrs. Sloan attended the meeting in Toledo at which Dr. Eli Rubin of the Lafayette Clinic spoke.

In the month of November, Miss Pasch and Mrs. Sloan visited in Washington, D.C., the Capitol Heights School for atypical children and the Hillcrest Children's Center for the severely emotionally disturbed.

Beginning in November, Dr. Zucker and Miss Pasch began meeting weekly with the Council of Social Agencies Technical Advisory Committee on Mental Health. This committee heard representatives of agencies describe their programs and any Federal Proposals for Grants they had either requested or were anticipating requesting. Miss Pasch presented CAPIC. This city wide review was conducted to determine whether or not there was:(1) any duplication of effort; (2) where the gaps in service were, and (3) what could be done to assist the Toledo Mental Health Clinic and their supporting services to other agencies and schools. Figure shows the area, outlined in yellow, CAPIC may cover when it comes to fruition. There appeared to be no noticeable duplication of services.

In December a two day conference in Toledo was held with the CAPIC staff. One afternoon was spent talking with members of the public school administrative staff and a number of teachers. This enabled the consultants to ascertain the attitudes of the various educators toward CAPIC and their knowledge of the areas to be covered by CAPIC.

Also in December, Miss Pasch conferred with Mr. William Hinze the Title III Consultant in Washington.

Other Activities

In January, Dr. Robert Kugel, then of Brown University Children's Medical Clinic, came to Toledo for a conference with Miss Pasch and Dr. Zucker. The three spent some time with Dr. Glidden Brooks, the president of the new Toledo State Medical School. Dr. Brooks expressed his delight with CAPIC and offered his support, selfishly, he said, because he could see CAPIC as a resource for the new medical school as well as the school doing a service for CAPIC.

Early in February, Miss Pasch presented CAPIC to the Toledo public school elementary principals group. In the middle of the month, Dr. Marian Rejent, Dr. Ralph Zucker and Miss Pasch visited two days in Buffalo. One day was spent at the Niagara Frontier Rehabilitation Center which has a diagnostic component in it for intake and training. It is diagnostic-evaluative rather than medically oriented center. The second day was spent at the Children's Rehabilitation Center Nervous System Clinic. Here there was an opportunity to sit-in in a staffing, see the intake procedural arrangement and talk with Dr. Robert Warner and his staff.

Mrs. Sloan attended a Language Arts Conference held in Toledo in February and later in the month along with Mrs. Florence Hartman attended the 20th Annual School Vision Forum and Reading Conference in Cleveland, Ohio.

During February, Mrs. Hoiston of the Bureau of Planning and Grants in Columbus visited the CAPIC office. She complimented us on our good organization and our knowledge of what we were doing and what we wanted to achieve.

Early in March, Miss Blaugh, Mrs. McKillen, Miss Pasch and Mrs. Sloan went to New York to the International Conference of the Association of Children with Learning Disorders. Four times as many persons attended as were expected. The impact of the crowd and the eagerness to gain more knowledge in the area of learning disabilities convinced us that our plans for CAPIC were correct.

The last week of March was spent in St. Louis. Miss Pasch attended the Council of Administrators meeting while Mrs. Sloan visited the Edgewood Center and the Miriam School, both for the emotionally disturbed and in Webster Groves. The third school visited was the Wirtz School a Hyperkinetic Special School in St. Louis.

In the middle of the week these staff members attended the National meeting of the Council for Exceptional Children. These sessions, too stressed learning disorders. At all meetings there was standing room only. Even the large rooms were filled to capacity.

In April Miss Pasch attended in Columbus, Ohio, a three day Seminar on Dissemination of Information sponsored by the National School Public Relations Associations and School Management Institute.

In May six members of the CAPIC Educational Advisory Board attended a Body Management Demonstration in Dayton, Ohio.

Miss Pasch participated in the American Association on Mental Deficiency's Educational Section in Denver, Colorado. Her topic was CAPIC.

Dr. Zucker presented to the Academy of Medicine's special committee the progress in CAPIC planning.

A glossary of terms and a bibliography of related reading materials was completed and distributed.

Also in May, Mr. Robert Carson, Director of Pupil Personnel Services and Programs accepted the responsibility for screening children of children for CAPIC and for planning the in-service training program for staff members who would be working in the project, since Mrs. McKillen was not, as yet, a full-time staff member and Mrs. Bonnie Sloan would be leaving the program in July, 1967.

Mr. Carson assigned Mrs. Carol Blaugh to assist Mrs. Sloan in the selection of pupils. A part-time social worker was employed during the summer to make parent contacts.

In August, Mr. Adolph Stadel, a member of Mr. Carson's staff was given the responsibility for the September in-service training workshop. See Appendix B for workshop agenda and evaluation.

From July through September Mrs. McKillen devoted a major part of her time administering psychological tests to possible candidates since this could not be completed by June. See Appendix C for tests used.

Miss Janet Tewell who joined the staff in August devoted 80% of her time to consulting with parents. See Appendix D for forms used. A folder was made for each child. It included: the psychological report, the social worker's report. original test protocols, carbons of correspondence with the parents and past psychological reports.

During this period some preparation of physical facilities was going on. The cost of this was assumed by the local school system as its contribution to the program.

Staff members visited schools and clinics in Lansing, Ann Arbor, Kalamazoo, Livonia, Grand Rapids and Detroit, Michigan as well as Columbus, Ohio.

Miss Pasch, during her visit to Vancouver and Regina, Canada, was invited to speak to teachers in West Vancouver and to the representatives from the Northwest States and Canadian schools about CAPIC.

During the fall months the medical group and staff members continued work on a new medical report form. This was completed near the end of the year. It is hoped it will be more meaningful to teachers than previous reports. The format was developed in a way that the information this report contains will be readily adaptable for computer use. See Appendix E.

A Teacher's Observation Checklist was also prepared (Appendix E) for the purpose of alerting them to the kinds of behavior physicians indicated would be helpful to them.

Recognizing that EEG's give limited information, the decision to continue to obtain them was supported since the State of Ohio still requires them for certain placements. As of October 31, 1967, fifty-four had been given.

Fee schedules were discussed but the tentative decisions had to be revised at the time of the negotiations on the Operational Grant. Permission was granted for the payment of $30.00 per child for an EEG; $5.00 for the initial medical examination of a child when a case of hardship was definitely determined; $2000.00 for a medical retainer's fee; a $14.00 per month additional medical consultant's fee, not to exceed $168.00 per year or a total of $1,344.00 for additional medical consultants services.

Through November and December units were developed and planning and study continued. Only staff salaries were paid from Federal funds.

For activities concerning grant and budget revisions see page 30.

In January, 1968, classes went into full operation using only local and state funds for operation. During this month Mrs. McKillen met with a number of individual school staffs orienting them to the program.

Mrs. McKillen was designated as the coordinator of CAPIC and Miss Pasch was freed to devote full-time to the Office of Educational Innovation and Planning to whci she had been appointed pending the approval of the CAPIC Operational Grant.

The CAPIC units planned:

Location ---------- 10 schools
Number of Teachers---------- 7 full-time;6-½
Number of pupils anticipated (October 20, 1967)------106

Location	Units	Teachers	# Staff	Boys	Girls	Total*	Type of Class
Old Orchard	3	3	4	21	6	27	Alpha Unit
Hamilton	2	2		12	4	16	Alpha Unit
Whittier	1	1		9	0	9	Diagnostic Teaching
Longfellow	½	½		10	0	10)	Perceptual
Cherry	½	½		7	1	8)	Teaching
Arlington	½	½		3	2	5)	Perceptual
Elmhurst	½	½		2	3	5)	Teaching
Oakdale	½	½		4	3	7)	Low Concept
Raymer	½	½		9	1	10)	
McTigue	1	1		9	0	9	Emotionally Disturbed

The year has been a good one, frustrating but stimulating. Much has been achieved and much remains to be achieved. The objectives as set forth in the original proposal naturally could not be reached during the planning period.

During this past year, all staff personnel became acutely aware of the need for clearly defined and greater variety of methods for identifying and diagnosing the causes of the educational and psychological problems confronting children, as well as for the facility in implementing and adapting what was learned.

The planning period has certainly been innovative in that the activities were certainly distinctive from the status quo. Many changes were made in the procedures to be used in achieving the final goals and the organization of the units. Active participation of such professions as education, medicine, psychology and social work was achieved. Active interest of parents, lay members of the community and the general school staff was stimulated. The state office of Special Education showed such a profound conviction that the project was a good one that financial assistance was given to help continuance of the project during the delays in federal funding.

As never before, participants have realized that learning involves more learning, that goals are never completely reached because as learning takes place, horizons for achievement move out farther and farther.

The participating members of the planning committee from the college and universities have been influencial in developing more course offerings and improving those already in existance in the disciplines needed in teacher education.

The seeds have been planted. The ideas and accomplishments are increasing. With careful pruning by study they should bare fruit of beauty and long lasting nourishment.

In reviewing the past year, it was the consensus of the immediate staff that priority should be given to selection of staff. Persons truly in agreement with the philosophy of the program and sincerely interested in children should be recruited. They should be persons who are open-minded, flexible and willing to learn.

Summary

Selection of candidates for the program should be a continuous process. This means all teachers should be constantly alert to the danger signals which indicate additional assistance is needed for the child's academic, social and emotional growth.

In-service education of the program's staff as well as of teachers and administrators in the entire school system is needed. Such programs should be as carefully planned as are programs for children.

Recognition of the need of adequate physical facilities and equipment should be stressed.

The staff has worked hard, many times under trying circumstances, and has held to what they believe in--that children can be helped and make progress if given a chance.

To all who have devoted their time and skills, thank you.

Initial Screening---------- APPENDIX A
by Principals and Teachers

Workshop Agenda ---------- APPENDIX B
Workshop Evaluation

Psychological Tests Used ------- APPENDIX C
by Psychologists

Report Forms Used ---------- APPENDIX D
by Social Worker

Medical Forms ---------- APPENDIX E

Appendixes

INITIAL SCREENING BY PRINCIPALS AND TEACHERS

A Capic staff member consulted with principals of elementary schools, arbitrarily selected because of: 1. geohraphical area; 2. size of buildings; 3 available space in the building or adjacent buildings.

The definition of a learning disorder by Kirk and Bateman was used to explain in a general way the type of child being considered for the program.

" A learning disability refers to a retardation, disorder, or delayed development in one or more of the processes of speech, language, reading, writing, arithmetic or other school subjects resulting from a psychological handicap caused by a possible cerebral dysfunction and/or emotional or behavioral disturbances. It is <u>not</u> the result of mental retardation, sensory deprivation, or cultural or instructional factors." *

After discussing each pupil who was thought to fit into one or more of these categories, the principal was to fill out Chart II AND Chart III and while doing so to:

1. Keep the definition in mind.
2. Think in terms of children who are now having such difficulties in grades one and two that retention seems highly probable.
3. Think in terms of children who would seem to indicate normal range of intelligence but who were not learning, who exhibited a great gap between potential and achievement, who seemed not to respond to those measures which help children.
4. Remembering that varying patterns of behavior and academic performance are individualized and mey be similar only to the extent that they are preventing the child from succeeding in his present situation.

These records when received by CAPIC were checked against the records the schools and central pupil personnel office to determine whether: 1. they had been evaluated by a school psychologist; 2. were on a waiting list to be evaluated; 3. had never been referred.

When a need was indicated for a reevaluation or an initial evaluation was indicated, arrangements were made to do do.

* Samuel Kirk and Barbara Bateman, "Diagnosis and Remediation of Learning Difficulties," <u>Exceptional Children</u>, October 1962, p.73.

Chart II.

Name of School_____ Principal_____

Number of 1st graders enrolled_____ Number of 2nd graders enrolled_____

Number of probable 1st grade retentions_____ Number of probable 2nd grade retentions_____

Study limited to first and second graders now failing (in the sense that retention seems highly probable at this time)

Child	Name	Grade	Age	Psychological Test		Retention	
				Referred	Completed	Has Repeated	Is Failing
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Chart III

Name of School _____

Using number code for each child listed on Chart II, check descriptive terms applicable to him in proper column.

	Child 1	2	3	4	5	6	7	8	9	10
1. Inadequate motor performance (Clumsy, awkward, different from other children in terms of performance)										
2. Uneven mental ability structure (Puzzling inconsistencies in behavior and achievement)										
3. Deficits in sensory acuity (Taste, smell, feel, sight, hearing inadequacies)										
4. Inadequate perceptual skills (Unaware of differences, poor reproduction of forms)										
5. Lack of interest in learning										
6. Emotional disturbance (Tantrums, day-dreams, thumbsucking, etc.										
7. Inability to concentrate (Very limited attention span)										
8. Has motive for <u>not</u> learning (Competing motives, attention, etc.)										
9. Lacks realistic concept of self as learner.										
10. Undeveloped style of learning (Confused, disorganized, easily bewildered)										
11. Communicates (verbally) inadequately										
12. Generalized poor academic performance (Fails in all areas of performance)										
13. Poor performance in specific areas (Only reading, math, writing, etc.)										
14. Developmental lag (Far behind in normal developmental processes - walking, talking etc.)										

CAPIC Teacher Orientation

The following program was presented for the CAPIC teachers. The meetings with speakers were open to other interested school personnel in Toledo and environs.

First week - "What Is CAPIC?"

Tuesday - CAPIC
Mr. Lee McMurrin, Assistant Superintendent, Toledo
Mr. Robert Carson, Director of Pupil Personnel
Mrs. Barbara McKillen, Staff Psychologist for CAPIC

Wednesday - "THE LEARNING DISABLED CHILD"

Dr. Ralph Gonzalez
Child Psychiatrist, Birmingham, Michigan
Lecturer at Wayne State University

Thursday - CLASS DESCRIPTIONS

Mrs. Carol Blaugh, Educational Specialist, CAPIC
Mrs. Barbara McKillen, Staff Psychologist CAPIC
Bibliographies presented
Readings assigned

Friday - "VIEWPOINT OF CAPIC" from committee members

Dr. Marian Rejent, Pediatrician
Co-Chairman CAPIC Medical Advisory Board

Mr. Geoffrey Bennett, Assistant Vice President
Ohio Citizens Trust Co.
Chairman CAPIC Community Advisory Board

Miss Beverly Domalski, Art Supervisor
CAPIC Educational Advisory Board

Mrs. Richardine Chadwell, Music Supervisor
CAPIC Educational Advisory Board

Second week — "WHAT CAN TEACHERS LEARN FROM CHILDREN?"

Monday

INDIVIDUALIZED TEACHING

Miss Monica Deubel, Teacher of Neurologically Handicapped Children

Film - "Gateway to the Mind"

Individual Book Reports

Tuesday

INNOVATING USES OF VISUAL AIDS

Mr. Richard David, Audio-Visual Department, Toledo Board

PROBLEMS OF THE HARD-OF-HEARING

Mr. William Ford, Supervisor of Physically Impaired Program

VISUAL TRAINING

Miss Dorothy Rymer, Visual Training Specialist, Toledo Hospital

Wednesday

INDIVIDUAL PSYCHOLOGICAL TESTING

Demonstration and discussion of the Binet, WISC, ITPA and Frostig Tests

Mrs. Barbara McKillen, Staff Psychologist for CAPIC

DIAGNOSTIC TEACHING

Dr. Elton McNeil, University of Michigan
Professor of Clinical Psychology
Chairman of the Graduate Committee

Thursday

THEORIES OF DELACATO, KEPHART AND THE CHICAGO READING CLINIC

Theories

Demonstration with students

Mr. Robert Hockey, University of Toledo
Instructor in Education with Educational Research Department

Friday

WORKING WITH TEACHERS AIDES

Demonstration of materials

Miss Monica Deubel, CAPIC Teacher
Mrs. Helena Bratten, CAPIC Teacher
Mrs. Shirley Waddell, Aide in classroom for Neurologically Handicapped

Film - "Play Materials for Elementary School"

Third week	"WHAT ARE THE CHILDREN LIKE?"
Monday	FOUR L's OF LEARNING
	Tape - Dr. G. N. Getman
	OBSERVING THE CHILDREN
	Mrs. Barbara McKillen, CAPIC Staff Psychologist
	Individual Book Reviews
Tuesday	DIAGNOSTIC TEACHING
	Dr. Elton McNeil, University of Michigan
Wednesday	CLASSROOM MANAGEMENT
	Dr. Elton McNeil, University of Michigan
Thursday	AUDIO VISUAL AIDS
	Mr. Richard David, Audio-Visual Department, Toledo
	CONSTRUCTION OF MATERIALS
	Miss Monica Deubel, CAPIC Teacher
	Individual Book Reviews
Friday	Field trip to Kalamazoo Dr. H. B. Sofen, Optometrist
	Visit to Visual Training Clinic
Fourth week	"HOW DO WE TEACH THEM?"
Monday	INTRODUCTION TO MONTESSORI
	Dr. Lena Gitter, Lecturer, Montessori Society of America formerly teacher in Special Education, Greendale Elementary School, Prince George's County, Maryland
	History and Philosophy of the Montessori Method as applied to the Special Child
	The Self-Correcting Montessori Sensorial Materials

Tuesday	MONTESSORI (con't) Movement in the Service of Learning Language as the Human Connection
Wednesday	Individual Field Experience
Thursday	Classroom Preparation
Friday	Classroom Preparation

TEACHER EVALUATION OF THE CAPIC ORIENTATION WORKSHOP

September 5, 1967 - September 29, 1967

Upon the recommendation of the Educational Advisory Board a month of orientation was planned for the incoming CAPIC teachers. Instrumental in planning this program was Mrs. Bonnie Sloan, CAPIC Educational Specialist under the planning grant, Mrs. Carol Blaugh, Educational Specialist, Mr. Adolph Stadel, Operating Program director and Mrs. Barbara McKillen, CAPIC Psychologist.

Generally the teachers had not had training in special education and had been recruited by expressing interest in working in this innovative program. Three of the teachers had worked with neurologically handicapped children and two of the teachers had taught in classrooms for the emotionally handicapped. Of the eleven teachers only two had had no previous teaching experience.

In order to evaluate the program presented to them, the teachers were requested to fill out a First Comment sheet at the first meeting. At the close of the program the teachers were requested to fill out a Second Comment sheet.

The following directions were typed at the head of the First Comment sheets:

As a teacher what do you consider to be the five most important things you should attend to in the education of a child. (List in order of importance . . . #1 being the most important).

Listed under #1 - most important

Adequate self concept - 5 teachers listed this as most important
Social adjustment - 2
Meeting emotional needs - 2

Listing Second

Realistic adjustment to the class - 4
Teach basic skills - 1
Teacher acceptance of student - 1
Curriculum adjusted to meet individual needs - 1
Meet Physical needs of the student - 1
Help child to find out answers - 1

Listed Third

No statement made - 4
Academic skills - 2
Social self discipline - 3
Teacher understanding of the learning problem - 2

Listed Fourth

No statement made - 5
Develop socially acceptable behavior - 4

Teacher Evaluation of the
CAPIC Orientation Workshop

Listed Fourth (con't)

Provide satisfying experiences - 1
Understanding their world - 1

Listed Fifth

No statement made - 6
Academic - 2
Develop Growth of the whole child - 2
Cope with home environment - 1

The most obvious observation of the teachers "First Comments" is the meagreness of their answers. Four teachers only gave two important things they felt should be considered in the education of a child. Many answers were only one word such as "social", "emotional", or "academic". It is interesting to note however that the CAPIC teachers did not feel that their most important function in the classroom was to teach academic skills.

The typed instructions at the beginning of the Second Comment were as follows:

You have now spent four weeks discussing learning problems and individual differences. Have you changed your thinking about the most important things you should attend to in the education of a child? Whether you have or have not, explain why you have or have not. Refer to your first comment sheet. What additional factors will you consider? Explain.

The Second Comments were not listed in a 1-5 sequence. As compared to the First Comments they were more verbal. As a general observation the tone of the comments went from a "what" to a "how".

Four of the teacher comment that they become more aware of individual needs and how to meet these needs.

Four teachers felt the orientation program reinforced their original thinking.

One teacher commented on the need to work with the total child and not just splinter skills.

One teacher felt she learned about the importance of positive learning experiences.

Three teachers commented that there was need for more individualized teacher instruction. Two felt that field trips and observations were more meaningful to them. One teacher felt that the orientation period had presented a great deal of theory and little practical help. One teacher felt that the time could have been more profitably spent in sharing ideas with other teachers and in constructing materials.

Teacher Evaluation of the
CAPIC Orientation Workshop

Two teachers felt that the orientation program was poorly planned and badly organized.

It is interesting in this innovative program that we are very concerned about meeting individual needs of students and pay so little attention to the individual needs of teachers. Although theory is important it is clear that many more specifics are needed. Field trips and observations to ongoing programs are invaluable. There should have been more time spent in the actual construction of materials with guidance from trained personnel.

Therefore the following recommendations are made.

1. As with the students the teachers will have to be evaluated to discover their weaknesses and their strengths.

2. As apparent needs arise the program will be planned accordingly.

    a. need for understanding of individual child
    b. need for special or different teaching techniques
    c. training in specific techniques
    d. construction of instructional materials
    e. planning pertinent field trips and observations
    f. small group discussion
    g. sharing of ideas

TESTS USED BY THE PSYCHOLOGISTS

Stanford-Binet Form L-M
Wechsler Intelligence Scale for Children
The Illinois Test of Psycholinguistic Abilities
The Purdue Perceptual Motor Survey Rating Scale
Bender-Gestalt
Draw-a-Man Test
informal tests to check symbol orientation, memory for symbols, number concepts and knowledge of numerical processes.

Jones, Suzie
Social History CAPIC

I. FAMILY DATA

- A. Child
- B. Parents
- C. Parent relationships and emotional climate of home
- D. Economic conditions

II. DEVELOPMENTAL AND HEALTH HISTORY

- A. Birth to school entrance
- B. School life and attitudes
- C. Medical

III. SIBLINGS AND PEER RELATIONSHIPS

IV. MISCELLANEOUS FAMILY CONCERNS

V. LEISURE ACTIVITIES AND COMMUNITY INTERACTION

VI. SUMMARY

J. Tewell, M. S. W.
Social Worker, CAPIC

Date_____

Dear_____

This letter is being written in regard to the CAPIC (Child Assessment Placement Instruction Center) Program which may have been previously discussed with you by the principal of your school for _____. We feel that _____ may be a candidate for this program. If the CAPIC Program has not been discussed with you, we will talk about it at the time of our appointment.

Since we are unable to reach you by telephone, we are assigning you the date of _____ at _____a.m. or ____ p.m. If unable to keep the appointment we are requesting that you contact the Toledo Board of Education, telephone number 729-1681, Ext. 225, between the hours of 8:30 a.m. and 4:00 p.m. Monday - Friday.

You should be prepared to remain about two hours to obtain a social history. Will you please plan accordingly.

We are asking that you fill out the enclosed form and bring it to our scheduled conference.

Sincerely yours,

Mrs. Barbara McKillen
School Psychologist, CAPIC

Miss Janet Tewell , MSW
Social Worker, CAPIC

JT/ps
encl./

CAPIC Introduction Sheet

I. Identification

A. Child

Name:_____ Address: _____

Age: _____ Birthdate: _____ Adopted - Yes _____ No _____

School attending: _____

B. Parents (or guardians):

	Father	Mother
1) name		
2) address		
3) birthdate		
4) time lived in Toledo		
5) last grade completed		
6) place of employment		
7) years employed there		
*8) approximate yearly income		
9) church affiliation		
*10) approximate attendance per month		
11) number of children in family		
12) total number of people in home		
13) number of children married and/or out of the home		
14) marital status - (married, divorced, separated, deceased, etc.)		
15) date married		
16) previous marriages - yes - no)		

* optional

II. Child's developmental history - (check (√) or one word unless otherwise instructed).

A. Prenatal information:

1) planned pregnancy: yes _____ no _____.

2) health of mother during pregnancy: good _____ fair _____ poor _____.

3) medication during pregnancy: none _____ little _____ large quantity ____

Comment _____

4) length of labor: days_____ hours _____.

5) type of labor: normal _____ induced _____.

B. Perinatal information:

1) condition of baby at birth: good _____ fair _____ poor _____.

2) term of pregnancy: full _____ early (2 to 4 wks.) _____.

premature _____

3) birth weight: _____

4) Any abnormalities?: yes _____ no _____. If yes, have these been corrected?: yes _____ no _____. Can they be corrected?: yes _____ no _____. Is there any plan to correct them?: yes _____ no _____

When? _____.

5) feeding: bottle _____ breast _____.

Was baby a good or poor eater?:_____.

C. Post natal information:

1) age weaned: _____ easy or difficult: _____

2) toilet training - age: bladder _____ bowel _____.

3) Was training easy or difficult?: _____.

4) Has child a history of constipation?: yes _____ no _____.

5) motor development - age: walking _____ sitting _____.

talking _____. Did baby crawl?: yes _____ no _____.

6) temperament: happy _____ sad _____ quiet _____

crying: seldom _____ frequently _____

Other comment _____

_____

D. Early Childhood:

1) behavior: good _____ fair _____ poor _____

easy to control: yes _____ no _____

2) types of misbehavior: (kicking, biting, etc.).

_____

3) method of discipline used: _____

_____

4) Who was most often responsible for discipline?: father _____

mother _____ both _____ other _____. If others, who?: _____

5) Age at which child could visit or be left in care of person other than immediate family - i.e., mother, father, older brother or sister:

_____.

6) Did child attend nursery or other type preschool program: yes _____

no _____. age of starting other program: _____.

How did child react? (enjoyed, eager, disliked, etc.). _____

7) At what ages did child show interest or curiosity in the following:

God _____ death _____ birth of babies _____ opposite sex anatomy (body) _____ own anatomy (body) _____.

E. School entrance: How has the child expressed feelings about?

1) interest in starting school:

enthusiastic _____ reluctant _____.

2) comments about school life and work: favorable _____

unfavorable _____.

3) behavior and attitude when school is in session as compare with vacation periods: better _____ same _____ worse _____ Comment _____

_____

4) Is child a good eater?: yes _____ no _____

5) Does he have any habits which you would consider as being of nervous nature?: (bed wetting, nail biting, hair pulling or twisting, etc.)

_____

F. Responsibilities (please list).

1) self care: (bathing, bedmaking, etc.) _____

_____

2) helping in home: (dusting, dishes, lawn, etc.). _____

_____

G. Medical history:

1) List types of illnesses and injuries child has had, including age at which it happened and seriousness.

a) illness or injury age how serious

- _____
- _____
- _____
- _____
- _____

2) name and address of child's and/or family's physician: _____

_____

3) Has child been seen by a physician recently?: yes _____ no _____

when _____ for what: _____

_____

H. Parents questions: answer briefly.

1) What problem concerns you most about your child?

2) Do you feel this problem to be related to his school learning difficulties?

3) Were you aware of any problems before he started school?

4) What has been said to the child about his school learning difficulties?

5) How does the child feel about his school learning difficulties?

Date completed _____

Official use only

CAPIC Worksheet

III. Family history:

A. Family relationships (including child to siblings and parent to parent).

B. Family attitudes (toward school, themselves, community, etc.).

C. Emotional climate of home .(including sources of stress, degree of child's involvement during and/or as a part of stress situations (this factor best observed through home visits - may not come out in office conference).

D. Peer relationships and interaction (with whom does child play. Does he actively or passively engage in play, sports, etc. What does his role among his peers seem to be?)

E. Community interaction (sources of recreation, amount of participation as family group, affiliation with clubs and organizations).

F. Summary (drawn from above information and CAPIC Introduction sheet.

PARENTS' PERMISSION FOR RELEASE OF REPORTS

TOLEDO BOARD OF EDUCATION
Manhattan Blvd. & Elm St.
Toledo, Ohio 43608

CAPIC PROGRAM
Learning Disabilities Unit

TO:

FROM: Learning Disabilities Unit

DATE:

RE: Social History of _____

_____

As part of the CAPIC Program, a social history was completed on _____.

Since the findings of the social history are confidential and for professional use only, may we have your permission to send a copy of the report to _____.

Please sign your name after either "Yes" or "No" and return this slip to: Miss J. Tewell, M.S.W. Social Worker, CAPIC Program, Learning Disabilities Unit, Toledo Board of Education, Manhattan Blvd. and Elm Street, Toledo, Ohio 43608.

YES_____

NO_____

CAPIC
HISTORY AND PHYSICAL REPORT
Toledo Public Schools

This form is to be filled out by the physician who examines the child who may be a possible candidate for placement in a CAPIC unit of the Toledo public schools. The information given here will be considered confidential and be used only by professional personnel connected with the Child Assessment, Placement and Instruction Center, CAPIC.

Name _____ Father _____ Mother _____

Address _____ School _____ Phone _____

Family Physician _____ Address _____ Phone _____

Referred by _____

Age Health

Doctor _____

Father _____

Siblings-female _____

Siblings-male _____

Perinatal / Prenatal History

Health of mother during pregnancy _____ good _____ fair _____ poor

Medication during pregnancy _____ none _____ little _____ many Comment: _____

Miscarriages, number ____ Month ____ Cause _____

Family history of: Diabetes ____ Mothers Blood type ____ Fathers blood type ____

Tuberculosis ____ Convulsive disorders ____ Mothers Rh ____ Fathers Rh ____

Length of Labor: days _____ hours _____ type of labor: normal _____ abnormal ____

Bleeding _____ Hypertension _____ Urinary problems _____

BIRTH AND DEVELOPMENT:

Term _____ Delivery _____

Condition at birth _____ Birth weight _____ Length _____

Condition 1st week _____ Feeding _____

Cyanosis _____ Sat up _____ Stood _____

Convulsions _____ Walked _____ Words _____

Jaundice _____ First teeth _____ Short sentences _____

Asthma _____ Bladder _____ Bowel _____

Other _____

(MORE)

Vaccine	Dates	Comments to reactions
DPT		
DT		
Typhoid		
Polio		
Smallpox		
Measles		

Tuberculin skin test - type _____ date _____ Reaction _____
Other immunizations _____

ILLNESSES:

Pertussis _____ Tonsillitis _____ Measles _____ Convulsions _____

Rubella _____ Constipation _____ Mumps _____ Diarrhea _____

Chickenpox _____ Heart _____ Scarlet Fever___ Glands _____

Diphtheria _____ Rheum. Fever _____ Otitis _____ Operations _____

PHYSICAL EXAM: Date performed _____

Hgt. - _____ Percentile _____ Wt. _____ Percentile _____

Temp.____ Pulse _____ Respir. _____ Blood Pressure _____

GENERAL APPEARANCE:

Head - shape _____ Abnormalities _____

Eyes: Extra ocular movements:_____
Visual acuity: _____ OS _____ Test used _____
Pupil reaction: OD _____ OS _____
any surgery: yes _____ year _____ no _____
wears glasses: Yes _____ no _____

Ears: Anomalies _____ Tympanic membrane _____

Development: R _____ L _____
Discharge R _____ L _____
Perforation R _____ L _____
Hearing R _____ L _____
Test used _____
Tuning fork tests Rinne R _____ L Weber: R_____ L _____

se: Obstruction _____ Discharge and Secretions _____

uth: Mouth breather _____ Involuntary movements _____

Teeth: # present _____ # temporary _____ # permanent _____

Development _____

arynx: Tongue _____ action of palate _____

T & A done _____ obstruction _____

eck: Adenopathy _____ thyroid enlargement _____

bdomen: Snare _____ LSR_____ Hernia _____

xtremities: Congenital Orthopedic Problem _____

Posture _____

enitalia:

eurological: DTR - Present _____ Active _____ Patellar_____

Achilles _____

EMARKS:

eneral reaction to physical exam _____

alking _____ gait pattern _____ talking _____

peech development _____ MOVEMENT OF HANDS _____

ontrol of impulses _____

_____

_____

Child should be seen at regular intervals: yes _____ no _____

Child on regular medication: yes _____ no _____

Examined by:

_____
(signature)

_____
(date)

Please return to:

Mrs. Barbara McKillen, CAPIC
Administration Building, Room 211
Manhattan and Elm Sts.
Toledo, Ohio 43608

Date received by CAPIC:

T E A C H E R S O B S E R V A T I O N

C H E C K L I S T

Lack of Readiness						
Emotional Stability						
Short attention span						
Easy distractability						
Inattention						
Lack of Application						
Incomplete assignments						
Poor handwriting						
Neatness of papers						
Easy fatigueability						
Interest						
Initiative						
Playing and Working well with others						
Dependability						
Adequate Hearing						
Adequate Seeing						
Physically tired and sleepy						
Ability to carry out instruction						
From Blackboard to paper						
Verbal Instructions						

G = Good

F = Fair

P = Poor

I = Improved

EC
SE-13ESE
T11

FROM:

ERIC FACILITY
SUITE 601
1735 EYE STREET, N. W.
WASHINGTON, D.C. 20006